

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report May 11, 2021

Auditor Information

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Company Name: PREA Auditors of America, LLC	
Mailing Address: P. O. Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 713-818-9098	Date of Facility Visit: April 22 – 23, 2021

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Algoa Correctional Center

Physical Address: 8501 No More Victims Road

City, State, Zip: Jefferson City, MO 65101

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐

Military

☐

Private for Profit

☐

Private not for Profit

☐

Municipal

☐

County

☒

State

☐

Federal

Facility Type:

☒

Prison

☐

Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐

ACA

☐

NCCHC

☐

CALEA

☐

Other (please name or describe: Click or tap here to enter text.

☐

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Kelly Morris

Email: kelly.morris@doc.mo.gov

Telephone: 573-751-3911

Facility PREA Compliance Manager

Name: Stan Keely

Email: Stanley.keely@doc.mo.gov

Telephone: 573-751-3911

Facility Health Service Administrator ☐ N/A

Name: Nicole Massman

Email: nicole.massman@doc.mo.doc

Telephone: 573-751-3911

Facility Characteristics		
Designated Facility Capacity:	903	
Current Population of Facility:	1095	
Average daily population for the past 12 months:	Click or tap here to enter text.	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 to 80	
Average length of stay or time under supervision:	378 days	
Facility security levels/inmate custody levels:	Minimum - Medium	
Number of inmates admitted to facility during the past 12 months:	866	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	866	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1850	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	256	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	41
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1 – Corizon
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	37
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	50
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	23
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	10
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	10
Number of open bay/dorm housing units:	10
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	98
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10 Agency	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 1 facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Alcoa Correctional Center (ACC) on March 2, 2021 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on April 21 – 23, 2021.

The Auditor received a flash drive containing ACC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Warden Kelly Morris and Deputy Warden (Site Coordinator) Stan Keely as well as other Executive Team members. After the initial meeting, a detailed tour was provided to the Auditor.

Site Coordinator Stan Keely lead the onsite tour. The tour began with the housing units. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. In all housing units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected several inmates from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Inmates who Identify as being Transgender and Inmates who Reported Prior Sexual Victimization. A total of 30 inmates to be interviewed. ACC provided confidential locations in the training center for the Auditor to interview inmates.

ACC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at ACC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 30 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 22 staff to include the Agency Head, Statewide PREA Coordinator, Site Coordinator, Medical Staff, Mental Health Staff, Human Resources staff, Upper Level Supervisors, Intake Staff, Staff who Perform Risk Screening, Staff who Monitor Retaliation, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On May 11, 2021, the PREA audit report was submitted to the PREA Resource Center and copies were sent to MDOC's statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Algoa Correctional Center (ACC) is in Jefferson City, Missouri. ACC consists of 23 buildings. Inmate housing, which consists of 11 housing units, which includes ten open bay/dorm style layouts and one segregation unit consisting of 98 cells.

ACC receives offenders sentenced to the Missouri Department Corrections.

The current population at ACC is 903 adult male offenders. During the past 12 months 866 offenders have been admitted to this facility. Of this number, 850 inmates admitted had a length of stay longer than thirty days. The average age range of the current offender populations is 18 to 80 with custody levels minimum and medium custody.

ACC has 256 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at ACC. In addition to its 256 employees, ACC also has 87 volunteers and individual contractors who are currently authorized to enter the facility. There are 10 investigators across the State of Missouri with one facility investigator at ACC.

ACC is located within a secure perimeter. The facility has the official capacity to house 1,085 adult male offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: [Click or tap here to enter text.](#)

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor. A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) ACC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of

probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher.”

ACC's PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to ACC's Warden. The Auditor was provided a copy of ACC's organizational chart outlining this chain of command.

ACC's PREA Site Coordinator reports he has enough time to manage his PREA related responsibilities in addition to his responsibilities as Deputy Warden.

Staff reported the ACC takes zero-tolerance very seriously. Each staff person interviewed knew their roles in responding, preventing, and detecting sexual abuse. Inmates interviewed reported PREA information is “everywhere.” They also reported they felt staff would take a report of sexual abuse seriously.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, ACC is found to have met the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ACC does not contract with other agencies/facilities to house inmates assigned to ACC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☐ No ☒ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan and where applicable, video monitoring, to protect inmates against sexual abuse.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

ACC's staffing plan is predicated on the design capacity of the facility which is 1,085. The facility's administration report ACC has never been over capacity. ACC's current population is 903 adult male offenders.

All facility staffing plans for are developed at Central Office and meets the requirements of this standard.

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

Both the Warden and the PREA Site Coordinator report ACC conducts camera reviews once a year to determine where staff are needed. They advise ACC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of 2020 report filed by ACC showing compliance with the staffing plan.

The Auditor reviewed the 2020 PREA Annual Report filed by ACC. These reports cover all sexual abuse and sexual harassment allegations filed in that calendar year, camera monitoring reviews, staffing plan compliance, and any correction action ACC made to maintain compliance with the PREA standards.

While camera and video monitoring are included in ACC's PREA Annual Reports, ACC does file a separate annual report specifically for this topic. The Auditor reviewed the reports from 2020.

(b) There have been no deviations from ACC's staffing plan in the past 12 months.

(d) ACC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure." (page 6)

Language requiring unannounced rounds also appears in ACC's post orders for Shift Supervisor (Captain), Assistant Shift Supervisor (Lieutenants) and Housing Unit COI.

Supervisors are required to check each area of the facility at least once a month. The checks are documented on a spreadsheet with the date, time, and their signature, when a check is completed. Supervisors are also required to sign into each housing unit when conducting these announced rounds.

The Auditor reviewed random housing units sign in sheets and found unannounced rounds are being conducted on every shift in every housing unit.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, ACC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ACC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) ACC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

ACC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2018. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A ACC is a male only facility.

(d) MDOC/ACC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as "PREA Announcements" on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

While touring ACC the Auditor heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty.

All inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower and restroom areas in the housing units, the Auditor found the following:

- Housing Unit 3 (Segregation)

This housing unit consists of two floors with inmate cells and one floor of staff offices. Each inmate floor contains showers in individual stalls with barriers in place to ensure privacy. Each cell contains a toilet located in the front corner of the cell. Segregation holdover cells have the toilet blocked from view. All inmates are stripped out upon being placed in this unit. The strip out cell is made of mesh wire. The lower half of the cell has a blanket attached to the outside to ensure privacy. This strip out area is away from all inmates.

- Housing Unit 4 (Reception & Orientation)

This housing unit consists of two floors of inmate living areas and one floor of staff office. This housing unit also contains a basement where inmates receive their property. There were no inmates in this housing unit at the time of the onsite portion of this audit.

- Housing Units 1, 2, 5, 6, 7, 8, 9, 10 (General Population)

All of these housing units are designed in the same way. Each housing unit contains two floors of inmate living areas and one floor of staff offices. The inmate living areas consist of two-man cells and multiple occupancy open/bay dorm style areas. Each inmate floor has a communal shower. These showers have a swinging door at the entrance which acts a barrier to ensure privacy. Each inmate floor also contains communal toilet areas. These areas contain toilets and urinals. There is a barrier built out from the wall to ensure privacy at the urinals. Female staff cannot see the toilets or urinals from the hallway.

- Dress out (Work Release)

This is a gender specific post where work release inmates are stripped out before returning to their housing unit. Inmates strip out behind a barrier. The inmate restroom contains a single toilet and is located behind a solid half door.

Restrooms located in Canteen, Dining, Education, Culinary Program, Restorative Justice, Laundry, Maintenance, Electrical and Plumbing Program, Paint Shop, Automotive, and Clothing Issue are designed for one to two inmates at a time. Each area has privacy and or barriers in place for the inmate.

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician." (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were no transgender or intersex inmates at the facility. This information was confirmed through interviews with medical staff, random staff and inmates.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

ACC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, ACC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of MDOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

ACC reported there were no inmates with cognitive disabilities. This was confirmed through interviews with random ACC staff.

During the tour of ACC, signs were posted throughout the facility providing inmates who are hard or hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interpretek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

ACC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at ACC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

ACC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of ACC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All ACC staff interviewed supported this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, ACC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

A representative from human resources states, "Yes, we do. However, we rarely get the information or details during a background check. If they allude to a PREA incident, based on that alone, we do not hire them." The representative also states, "All legal issues must be reported."

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence." (Page 18)

c, d, e) MDOC policy D1-8.13 states, "Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations." (Page 7)

A representative from human resources states, "Yes, before they come to work. We then do one annually on their birth month. We also do another background check when they get promoted." The representative added, "We use MULES (Missouri Uniform Law Enforcement System, NCIC and CaseNet." CaseNet is computer system used to check local court filings.

While onsite, the Auditor reviewed 10 employees' files and found criminal background checks have been completed per this standard.

g) The human resource representative states, "Any inquiries about former employees are not handled at the facility level. This is referred to Central Office."

Based on the evidence provided through policy, staff interviews, and documentation, ACC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) ACC has not modified or expanded its facility or acquired additional buildings since their last PREA audit.

b) ACC has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the date of their last PREA audit.

Based on the evidence provided through policy and the tour of the facility, ACC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All ACC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

In the past 12 months, there have been zero forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on inmates assigned to ACC.

There were no SANE nurses onsite during the onsite portion of this audit.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility." (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as ACC.

There were no inmates onsite to be interviewed who had reported sexual abuse in the past 12 months.

f) NA MDOC/ACC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ACC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, ACC has had 14 allegations of sexual abuse or sexual harassment. Seven allegations resulted in administrative investigations with zero criminal investigations.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, ACC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c) ACC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While ACC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment." (Page 8)

d) MDOC policy D1-8.13 states, "All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA

acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file.” (Page 8)

ACC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed 10 staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) ACC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors' acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

Based on the evidence provided through policy, interviews, and documentation review, ACC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) ACC reports 850 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

Intake staff a ACC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later.

All inmates interviewed reported receiving PREA information the first day they arrived at ACC.

e) ACC documents all inmate education. While onsite the Auditor reviewed the records of 36 inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of ACC, the Auditor observed PREA information signs and way to report posted in every housing unit and program areas. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ACC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Garrity, sexual abuse

evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. This investigator reports receiving specialized training and the required MDOC training on sexual abuse.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) The Auditor was provided proof of certificates for SANE training for six nurses.

c) The Auditor reviewed training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒
Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at ACC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

ACC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of ten inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) ACC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/ACC uses information from AIRA (the risk screening instrument required by 115.41) to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining

appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

Interviews with staff supported this practice.

The Site Coordinator reports the AIRA is used to determine housing, job placement and program. There main goal is to keep the Alphas and Sigmas separated for protection.

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6-month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender, or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is

recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Site Coordinator makes sure facility the Transgender Committee meets with all transgender inmates shortly after arriving at the facility to make sure their needs are being met.

Interviews with staff who conduct the AIRA support this practice.

The Auditor interviewed two transgender inmates at ACC. Both inmates report meeting with the Transgender Committee. They also report feeling safe at ACC.

h) ACC does not have dedicated wings to house gay, bisexual, transgender or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the previous 12-month reporting period ACC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged, and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) ACC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender

sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure.” (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

ACC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, “Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct.” (Page 13)

ACC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

Most staff interviewed reported they could use the C.L.E.A.R. Line if they needed to report the abuse outside of ACC.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ACC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/ACC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

It should be noted the Offender Grievance policy is available to all inmates in the library of ACC.

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

ACC has had no grievances filed alleging sexual abuse in the past 12 months.

ACC also utilizes a "Grievance PREA Tracking Log" to ensure timeframes are met.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however,

offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals.” (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented, and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations." (Pages 20 -21)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse, and Incest National Network (RAINN). Inmates at ACC can contact these agencies for emotional support. The flyer is available in English and Spanish.

ACC has attempted to enter a MOU with True North Crises Center for local advocacy services. However, this agency has declined to provide services. The Auditor has reviewed communication between MDOC and True North Crises Center verifying this information.

There were no inmates at ACC who have reported sexual abuse onsite during this portion of the audit.

Interview with inmates reported they knew there were services available to them outside of the facility; however, they could not name the resource. Most stated they seen that information in the PREA flyer they received at intake or posted in the housing units.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for inmates' access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

ACC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ACC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8I.13 states, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger. They also reported they would also pull that inmate aside to ensure their safety will notifying their supervisor.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

ACC received two reports for sexual abuse from another confinement facility. Both allegations were referred for investigation.

ACC has received any incidents requiring notifications to an outside agency in the past 12 months.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking,

or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

ACC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder. Most staff showed the Auditor their card.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ACC is found to have met the standard for staff first responder duties.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) ACC has formalized Coordinated Response plan in place for staff, volunteers, and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff member a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible, retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Site Coordinator is responsible for monitoring retaliation at ACC.

The Auditor reviewed three retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution." (Page 16)

This same policy continues, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

ACC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. This investigator reports they received specialized training as well as the required MDOC training on sexual abuse.

The Auditor reviewed three administrative files and found they met all requirements of MDOC policy and this standard.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

The investigator reports they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. In addition to what was already mentioned they would also take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

All investigators interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

The investigator interviewed reported notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

b) NA MDOC/ACC is responsible for conducting administrative and criminal investigations.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

ACC had no inmates who reported sexual abuse onsite to interview during this portion of the audit.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted

on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

ACC had no inmates who reported sexual abuse onsite to interview during this portion of the audit.

e, f) MDOC D1-8.13 states, “The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department’s PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends.” (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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ACC has had one instance where a staff member resigned before an investigation was completed.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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ACC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period.

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, “If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment.

If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening.” (Page 3)

There were not inmates interviewed who would self-report they reported prior sexual abuse during the AIRA.

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Auditor reviewed ten completed AIRA's. Based on the requirements listed in the PREA Risk Assessment Manual, mental health referrals are required. Auditor reviewed documentation showing referrals were made to mental health.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ACC is found to have met the standard for medical and mental health screenings, history of sexual abuse.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of ACC.

This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ACC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f) ACC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) ACC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment

plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody.” (Page 17)

Health services report that while they have specific protocols they must follow, they are allowed to use some judgement when treating victims of sexual abuse.

c) ACC offers medical and mental health services consistent with community level of care.

This same policy also states, “Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services.” (Page 17)

Health services staff believe there level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA ACC is an all-male facility.

g) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ACC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ACC had no substantiated sexual abuse investigation during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for

offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file.” (Page 20)

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) NA Neither MDOC nor ACC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2019 MDOC PREA Annual Report and the 2018 Survey of Sexual Victimization. In addition, the Auditor was provided copies of ACC's 2020 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2019 MDOC PREA Annual Reports and the 2018 Survey of Sexual Victimization. In addition, the Auditor was provided copies of ACC's 2020 PREA Annual Report.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2019 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, ACC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of ACC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received two letters from ACC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ACC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ACC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of ACC leadership as well as the knowledge the staff demonstrated of PREA. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. ACC was found to be in compliance with all PREA standards.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

May 11, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report April 15, 2021

Auditor Information

Name: Elisabeth Copeland	Email: lisa@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: P. O. Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 713-818-9098	Date of Facility Visit: March 8 – 10, 2021

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Farmington Correctional Center

Physical Address: 1012 West Columbia Street

City, State, Zip: Farmington, MO 63640

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Type:

☒ Prison

☐ Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☐ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☒ NCCHC

☐ CALEA

☒ Other (please name or describe: NIC

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Teri Lawson

Email: teri.lawson@doc.mo.gov

Telephone: 573-218-7100, ext. 200

Facility PREA Compliance Manager

Name: Stan Payne

Email: stan.payne@doc.mo.gov

Telephone: 573-218-7100, ext. 203

Facility Health Service Administrator ☐ N/A

Name: Lisa Ivy

Email: lisa.ivy@corizonhealth.com

Telephone: 573-218-7100, ext. 449

Facility Characteristics	
Designated Facility Capacity:	2738
Current Population of Facility:	2285
Average daily population for the past 12 months:	2650
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	17 to over 91
Average length of stay or time under supervision:	14.8 months
Facility security levels/inmate custody levels:	Min C-1, Med C-2, Max C-5
Number of inmates admitted to facility during the past 12 months:	1985
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1985
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1985
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	14 <input type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	810

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	201
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	6
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	99
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	100
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	50
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	13
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	10
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	203
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 1 facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Farmington Correctional Center (FCC) on January 27, 2021 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on March 8 – 10, 2021.

The Auditor received a flash drive containing FCC' Pre-Audit Questionnaire. This flash drive contained department and agency policies, curriculum, and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Warden Teri Lawson and Deputy Warden (Site Coordinator) Stan Payne as well as other Executive Team members. After the initial meeting, a detailed tour was provided to the Auditor.

Site Coordinator Stan Payne lead the onsite tour. The tour began with the youthful housing unit as well as the adult housing units. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. In all housing units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected inmates from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Youthful Inmates, Hearing Impaired Inmates, Gay & Bisexual Inmates, Transgender Inmates, Youthful Inmates, Inmates who are Limited English Proficient and Inmates who Reported Sexual Abuse. A total of 40 inmates were selected to be interviewed. A total of

six inmates refused to be interviewed. FCC provided a confidential location for the Auditor to interview inmates.

FCC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at FCC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 34 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 26 staff to include the Warden, Mental Health Staff, Human Resources staff, Grievance Officer, Upper-Level Supervisors, Intake Staff, Staff who Perform Risk Screening, Volunteers, staff who Monitor Retaliation, members of the Debrief Team, Investigators, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation. An exit interview was conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On April 21, 2021, the PREA audit report was submitted to the PREA Resource Center and copies were sent to MDOC's statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Farmington Correctional Center (FCC) is in Farmington, Missouri. FCC consists of 50 buildings. Inmate housing, which consists of 12 adult housing units and one housing unit for youthful inmates. Of these housing units, ten consist of multiple occupancy cells and three are open bay/dorm style housing. FCC has 203 segregation cells.

FCC receives offenders sentenced to the Missouri Department Corrections. FCC also houses probation/parole returns as well as those offenders sentenced to treatment.

FCC has 2,279 adult male offenders and six male youthful offenders. During the past 12 months 1,985 offenders have been admitted to this facility. The average age range of the current offender population is 17 to 91 with custody levels ranging from C-1 (minimum custody), C-2 (medium custody) and C-5 (maximum custody).

FCC has 810 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at FCC. In addition to its 810 employees, FCC also has 99 and individual contractors who are currently authorized to enter the facility. There are 10 investigators across the State of Missouri with one facility investigator located at FCC.

FCC is located within a secure perimeter. The facility has the official capacity to house 2,738 offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded: 115.14

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor. A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) FCC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher."

FCC's PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to FCC's Warden. The Auditor was provided a copy of FCC's organizational chart outlining this chain of command.

FCC's PREA Site Coordinator reports he has enough time to manage his PREA related responsibilities in addition to his responsibilities as Deputy Warden. To help FCC remain in compliance with the PREA standards he states he makes sure everyone is trained. He states he fields questions from staff and provides clarification on PREA related issues.

He reports he takes "immediate action" if he spots areas of non-compliance. He states, "I always check policy. I will also contact the PREA Coordinator for additional guidance."

Staff reported the FCC takes zero-tolerance very seriously. Each staff person interviewed knew their roles in responding, preventing and detecting sexual abuse. Inmates interviewed reported PREA information is "everywhere."

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, FCC is found to have met the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC does not contract with other agencies/facilities to house inmates assigned to FCC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☐ No ☒ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

FCC's staffing plan is predicated on the designated facility capacity of 2,785. FCC reported their ADP in the past 12 months is 2,650. The facility's administration report FCC has never been over capacity.

The Warden reports the staffing plan for FCC is developed at Central Office and meets the needs of the facility.

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

Both the Warden and the PREA Site Coordinator report FCC conducts camera reviews once a year to determine where staff are needed. They advise FCC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of 2019 report filed by FCC showing compliance with the staffing plan.

The Auditor reviewed the 2015, 2018, and 2019 PREA Annual Report filed by FCC. These reports cover all sexual abuse and sexual harassment allegations filed in that calendar year, camera monitoring reviews, staffing plan compliance, and any correction action FCC made to maintain compliance with the PREA standards.

While camera and video monitoring are included in FCC's PREA Annual Reports, FCC does file a separate annual report specifically for this topic. The Auditor reviewed reports from 2018 and 2019.

(b) There have been no deviations from FCC's staffing plan in the past 12 months.

(d) FCC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure." (page 6)

SOP20-1.1, Post Orders, dated July 14, 2019 states, "The chief administrative officer (CAO) of each institution shall: ensure post orders for supervisory custody staff members includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form, Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility. ***SOP: The entrance of all captains and lieutenants will be logged on the chronological log for that location. Establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds, ***SOP: The chief of custody will be responsible to monitor the documentation of unannounced supervisor rounds monthly. The shift supervisor will be responsible to assign custody supervisors (lieutenant or higher) to make unannounced rounds to all areas of the institution where offenders live or work on an irregular basis to identify and deter sexual abuse and sexual harassment. Each tour will be documented specifically for each shift and forwarded to the deputy warden of offender management no later than the 10th of the following month. Ensure all staff member post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring unless such announcement is related to legitimate operational functions of the facility." (Pages 2 -3)

Language requiring unannounced rounds also appears in FCC's post orders for Shift Supervisor (Captain), Assistant Shift Supervisor (Lieutenants) and Housing Unit COI.

The Auditor interviewed one upper-level supervisors. The supervisor reports all supervisors are required to check each area of the facility at least once a month. They report the checks are documented and logged into housing units' chronological notes.

The Auditor reviewed random housing units sign in sheets all housing units. Unannounced rounds are being conducted on every shift in every housing unit.

The supervisor reports they have not had an incident where staff were alerted at other housing units when these rounds were conducted. They state, "If it does happen, we address it with them (the staff member). They are used to me being out and about, so I change up routes and times when I am in the housing units."

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, FCC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) FCC prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Youthful Offender: An offender under the age of 18 that has been adjudicated as an adult by the courts and sentenced to the department. Youthful Offender Housing: A youthful offender shall not be placed in a housing unit in which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Staff members shall avoid placing youthful offenders in isolation to comply with this provision. If sight and sound separation is not possible, staff members shall provide direct supervision. Staff members shall provide direct supervision when youth and offenders may have unavoidable contact. General population youthful offenders shall be housed separate from offenders 18 years and older in accordance with the institution's standard operating procedure for the offender housing assignments. Youthful offenders who are placed in segregated housing, assigned to disciplinary segregation, or to the infirmary shall only be housed with another youthful offender or in a single cell in accordance with the institutional services procedure regarding administrative segregation confinement. To the extent possible, youthful offenders shall have access to work, programs, and/or activities in accordance with department and institutional services procedures."

FCC's youthful inmate housing unit is located behind a 12-foot privacy fence along two sides of the area preventing adult and youthful offenders to have visual contact. This the housing unit and the privacy fence are located inside a secure perimeter. Only youthful inmates and staff are allowed through this locked gate.

b) FCC maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas outside the housing unit. When youthful inmates have visitation, the visiting room is closed to adult inmates. Direct supervision is always maintained.

Line staff who supervise youthful inmates report if youthful inmates go outside of the housing unit, they are escorted by staff and always supervised.

All youthful inmates interviewed report they have never been around adult offenders while at FCC.

c) FCC avoids, when possible, placing youthful inmates in isolation. The youthful inmate housing unit does contain two isolation cells that are used if placing a youthful inmate in isolation is required.

FCC documents the exigent circumstances of each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied.

There have been zero instances where programs, exercise and other services were denied to a youthful inmate.

Based on facility tour, documentation review and interviews, FCC exceeded the standard for youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) FCC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.1, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

FCC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A FCC is a male only facility.

(d) MDOC/FCC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

This same policy also states, "Staff members of the opposite gender shall announce their presence prior to entering an offenders housing unit. If an opposite gendered staff member is assigned to the housing unit, the announcement shall be made at the beginning of the shift. If there is no opposite gendered staff member assigned to the housing unit, an announcement shall be made each time an opposite gendered staff member enters the housing unit. Each time a cross gender announcement is made it shall be recorded in the housing unit chronological log. If a circumstance arises to where a cross gender announcement could compromise the safety, security, and good order of the facility, the shift supervisor may declare the circumstances to be exigent and grant the authority to waive the announcement. All exigent circumstances shall be documented by the shift supervisor in the chronological log. To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present. This procedure will be followed in any housing unit where a hearing-impaired offender is assigned, including the receiving and orientation housing unit. If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff member shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff member viewing the offender's buttocks, breast, or genitalia." (Page 12)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as "PREA Announcements" on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

While touring FCC the Auditor heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty.

All inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower and restroom areas in the housing units, the Auditor found the following:

- **Housing Unit 31 (Youthful Inmates)**

Living area is a open dorm style layout with no blind spots. Showers are individual stalls with curtains. These curtains are clear at the top and bottom allowing staff to see heads and feet.

There is also movable barrier that can be moved to the entrance of the shower area to provide an additional layer of privacy. Toilets are located behind a ½ wall to ensure privacy while urinals are in individual stalls. This housing unit also contains two (2-man) isolation cells located on the first floor at the entrance to unit. Each contains a toilet in the front corner of the cell. The cell door contains a small window which has a metal plate covering the lower quarter. This allows privacy and blocks the toilet from being seen from female staff when they enter the housing unit.

- **In Housing Unit 1 -9** have the same layout. Each housing unit can hold up to 200 offenders.

Each housing unit has four wings. Each wing contains two tiers consisting of two-man cells. The lower tier contains three individual shower stalls with removable curtains. Each cell contains a toilet located in the front corner. Each cell door contains a window covered in mesh wire. This ensures privacy while inmates are using the toilet.

- **Housing Unit 10 – Treatment**

This unit has open bay/dorm style living areas with bunkbeds. There are no blind spots in this living area. Each wing contains two showers in individual stalls with curtains and three toilets in individual stalls. Toilets cannot be viewed from the hallway.

- **B-Side Dining**

Mirrors are in the corners for added viewing. The inmate restroom is in a hallway with a swinging half door for privacy. A camera is in the hallway pointing towards the entrance.

- **Building 28 – Programming** (Converted Housing Unit)

An inmate restroom is in each wing with barriers in place for privacy.

- **A-Side Recreation #1**

Two inmate restrooms with removable barrier at doorway.

- **Kitchen**

Inmate worker restroom located behind a wooden swinging door. Only one inmate at a time may enter. This restroom is in a hallway with cameras in place to view the entrance to the restroom.

- **Warehouse** (attached to Kitchen area)

Inmate worker restroom located behind a swinging wooden door. One inmate at a time.

- **Building 23 – Mattress Factory**

- Inmate restrooms are located on both floors. These restrooms are located behind barriers to ensure privacy.

- **Clothing Issue** (Basement of Building 23)

Staff restroom and inmate restroom are beside each other in a short hallway. Both restrooms are located behind a door. A camera is located at the beginning of the hallway facing the entrance to both restrooms.

- **Canteen**

Inmate restroom is located behind a closed door near officer area.

- **Building 16 – Medical**

Top floor has an inmate restroom. This restroom is located behind a door.

- **A-Side Dining**

Inmate restroom is located behind a ½ swinging door.

- **Building 18 – Education**

First floor contains an inmate restroom with three individual stalls. The Second floor contains two inmate restrooms. Only one inmate at a time are allowed in these restrooms. Inmates must have a hall pass to use them.

- **Housing Unit 5 -- Segregation**

This housing unit consists of four wings. Each wing has two tiers. A, B and D wings contain two-man cells and C wing contains single man cells for suicide watch. Each wing has three individual shower stalls on the lower tier behind a mesh wire door and half curtain for added privacy. Each cell contains a toilet in the front corner of the cell. C wing cells contain a camera. The Auditor viewed cameras and found each toilet in C wing was blacked out.

- **A-Side Recreation #2**

This building contains one inmate restroom. A mirror was positioned in the doorway to the restroom allowing officers to view the toilet without entering the room. After the Auditor discussed concerns with this type of viewing, FCC added a movable barrier to allow privacy for the inmate and still allowed staff to view the room for security purposes.

- **Building 25 – Missouri Sex Offender Program (MSOP)**

This building contains five wings for living space. Each wing is an open bay/dorm style set up with bunkbeds. Inmate shower and restroom areas contain individual stalls with barriers and curtains in place to ensure privacy.

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician."

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

While onsite the Auditor interviewed three transgender inmates. Each inmate reported they have not been searched for the sole purpose of determining their genitalia.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

FCC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, FCC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

While onsite the Auditor interviewed one hearing impaired inmate. This inmate reported no issues communication with staff as they use written notes. This inmate also reported they have access to the phone that allows them to communicate with family.

During the tour of FCC, signs were posted throughout the facility providing inmates who are hard or hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interprettek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

FCC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at FCC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

FCC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of FCC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All FCC staff interviewed supported this this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, FCC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is

known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse.” (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations.” (Page 7)

A representative from human resources states, “Yes, we do. However, we rarely get the information or details during a background check. If they allude to a PREA incident, based on that alone, we do not hire them.” The representative also states, “All legal issues must be reported.

The MDOC Employee Handbook states, “Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee’s arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence.” (Page 18)

c, d, e) MDOC policy D1-8.13 states, “Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations.” (Page 7)

FCC SOP/D1-8.13 states, “SOP: The personnel clerk will be responsible to forward a list of contacts of prior employers made for the purpose of allegations of sexual abuse regarding the hire or promotion of any individual or staff member to include contractors for the preceding month to the PREA site coordinator by the 10th of each month. The PREA site coordinator will maintain the list for audit requirements.” (Page 7)

A representative from human resources states, “Yes, before they come to work. We then do one annually on their birth month. We also do another background check when they get promoted.” The representative added, “We use MULES (Missouri Uniform Law Enforcement System, NCIC and CaseNet.” CaseNet is computer system used to check local court filings.

While onsite, the Auditor reviewed 10 employees' files and found criminal background checks have been completed per this standard.

g) The human resource representative states, "Any inquiries about former employees are not handled at the facility level. This is referred to Central Office."

Based on the evidence provided through policy, staff interviews, and documentation found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) FCC has not modified or expanded its facility or acquired additional buildings since their last PREA audit.

b) MDOC policy D4.4.8, Security Camera Operations, dated November 23, 2019 states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the security camera committee will conduct an annual assessment of the entire facility and submit a report to the CAO indicating the status of the camera system and recommend changes and additions. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. A copy of this document will be forwarded to the security intelligence unit. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring shall be augmented to supplement supervision by staff members in accordance with department procedures regarding serious incident reporting and debriefing. All changes will be shared with the security intelligence unit." (Page 3)

FCC has not modified or expanded the video monitoring technology since their last PREA audit.

Based on the evidence provided through policy and the tour of the facility, FCC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All FCC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

FCC SOP/D108.13 states, "SOP: If the alleged perpetrator is a staff member, the offender requiring a sexual assault examination to be performed by a SAFE or SANE will be transported to the University of Missouri, Columbia, MO hospital or Western Missouri Medical Center, Warrensburg, MO if not available at University of Missouri-Columbia." (Page 21)

In the past 12 months, there have been three forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on inmates assigned to FCC.

There were no SANE nurses onsite during the onsite portion of this audit.

The Auditor interviewed two inmates who reported sexual abuse while FCC. Neither inmate was required to have a forensic exam.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will

enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as FCC.

FCC utilizes the chaplains, if needed, as a victim advocate.

The Auditor interviewed two inmates who reported sexual abuse while at FCC. Both inmates advised they were offered a victim's advocate and declined victim advocate services.

f) NA MDOC/FCC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, FCC has had 83 allegations of sexual abuse or sexual harassment. Thirty-four (34) allegations resulted in administrative investigations with 49 rising to the level of a criminal investigation. Eleven of the twelve investigations have been completed with one case still pending.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, FCC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c) FCC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While FCC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working with The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that

houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment.” (Page 8)

d) MDOC policy D1-8.13 states, “All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file.” (Page 8)

FCC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed ten (10) staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) FCC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors' acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

While onsite the Auditor reviewed 11 training records of volunteers and contractors finding all eight had received the required PREA training.

Based on the evidence provided through policy, interviews, and documentation review, FCC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c, d) FCC reports 1,985 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

Intake staff at FCC state all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later.

All inmates interviewed report receiving PREA information the first day they arrived at FCC.

e) FCC documents all inmate education. While onsite the Auditor reviewed the records of 36 inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of FCC, the Auditor observed PREA information signs and way to report posted in every housing unit (adult and youthful inmates), Education Building, Medical, Chapel, Recreation, Kitchen, Maintenance and Mattress Factory. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigator. Both investigators report receiving specialized training in addition to MDOC required PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) While onsite the Auditor was provided proof of certificates for SANE training for six nurses.

c) While onsite the Auditor reviewed 11 specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at FCC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history, and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

FCC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of ten inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) FCC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

Interviews with staff supported this practice.

The Site Coordinator reports the AIRA is used to determine housing, job placement and programs. The main goal is to keep the Alphas and Sigmas separated for protection.

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6 month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would

affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Site Coordinator s to make sure advises the Transgender Committee will meet within ten days after they arrive at the facility to make sure their needs are being met. He states, "We place them in general population unless they request alternative housing."

Interviews with staff who conduct the AIRA support this practice.

The Auditor interviewed three transgender inmates. All three reported they were happy with their housing and that their concerns were taken into consideration when housing was determined.

h) FCC does not have dedicated wings to house gay, bisexual, transgender or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In the past 12-month reporting period FCC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

The Warden states, "We always analyze the situation and look at all the options to keep the victim safe. We use Protective Custody as a last resort."

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☐ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) FCC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

FCC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

FCC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor. However, when asked if it was situation where

they may fear retaliation if they made that report, most staff reported they could use the C.L.E.A.R. Line if needed to report the abuse.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date

by which a decision will be made? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/FCC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the

offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA.” (Pages 9, 16 -17)

It should be noted the Offender Grievance policy is available to all inmates in the library of FCC.

d) MDOC policy D5-3.2 states, “Informal resolution request alleging sexual abuse will be processed normally except for the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process.” (Page 17)

FCC has had no grievances filed alleging sexual abuse in the past 12 months.

e) This same policy states, “Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.” (Pages 17 -18)

f) This same policy also states, “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal

resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse.

a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented, and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be

forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations.” (Pages 20 -21)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse and Incest National Network (RAINN). Inmates at FCC can contact these agencies for emotional support. The flyer is available in English and Spanish.

FCC has entered a MOU with Southeast Missouri Family Violence Council for local advocacy services. This MOU was signed in 2013 and is ongoing from the date it was signed.

The Auditor interviewed two inmates who reported sexual abuse while at FCC. Both inmates report they were offered victim advocate services; however, both declined the use of this service.

Interview with inmates reported they knew there were services available to them outside of the facility; however, they could not name the resource. Most stated they seen that information in the PREA flyer they received at intake.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for inmates’ access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

FCC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC requires all staff to report immediately and according to agency policy any knowledge, suspicion or information regarding sexual abuse or sexual harassment of an inmate.

a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also

reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in

segregated housing in accordance with institutional services procedures regarding segregation units.” (Page 17)

The Warden states she expects her staff to follow up with the inmate and make sure they are safe. If they deem them not safe, she wants her staff to separate them from the possible abuser.

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger. They also reported they would also pull that inmate aside to ensure their safety will notifying their supervisor.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

FCC received two reports for sexual abuse from another confinement facility. The Auditor reviewed documentation and found the coordinated response was initiated in a timely manner. Both allegations were referred for investigation.

FCC has received any incidents requiring notifications to an outside agency in the past 12 months.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

FCC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months five non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCC is found to have met the standard for staff first responder duties.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) FCC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

The Auditor reviewed seven closed PREA investigations and found the coordinated response had been initiated in each one according to policy and this standard.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff member a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible, retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In

the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Function Unit Managers are responsible for monitoring retaliation at FCC.

The Auditor reviewed three retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the

first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution.” (Page 16)

This same policy continues, “If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender’s safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

FCC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators' procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, “All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training.” (Page 8)

Auditor reviewed the MDOC curriculum titled, “Investigating Offender Sexual Abuse in Confinement Settings,” dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigator. Both investigators report they received specialized training as well as the required MDOC PREA training.

The Auditor reviewed seven administrative files and found they met all requirements of MDOC policy and this standard.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency’s requirements in gathering and preserving direct and circumstantial evidence.

Interviews with investigators report they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

All investigators interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, “ Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department’s PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment.” (Pages 20, 21)

All investigators interviewed reported notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

b) NA MDOC/FCC is responsible for conducting administrative and criminal investigations.

c) This same policy states, “All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

d) This policy also states, “Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

The Auditor interviewed two inmate who reported sexual abuse while at FCC. Both inmates reported they were notified of the outcome of their cases.

e, f) MDOC D1-8.13 states, “The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter but shall have the right to decline the letter. The original notification shall be forwarded to the department’s PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends.” (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures.

Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement.” (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC policy D1.8.13 states, “Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take

appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations.” (Page 24)

The Warden states, “We would restrict them from the institution while being investigated.”

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender-on-offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period.

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, "If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening." (Page 3)

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Auditor reviewed ten completed AIRA's. Based on the requirements listed in the PREA Risk Assessment Manual, mental health referrals are required. Auditor reviewed documentation showing referrals were made to mental health.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCC is found to have met the standard for medical and mental health screenings, history of sexual abuse.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of FCC.

This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor reviewed ten referrals to medical and mental health. All referrals were done according to policy and to this standard.

a, f) FCC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) FCC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report that while they have specific protocols they must follow, they can use some judgement when treating victims of sexual abuse.

c) FCC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe their level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA FCC is an all-male facility.

g) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCC held 22 sexual abuse incident reviews (debriefings) during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)"

The Auditor reviewed five debriefings and found they were conducted per MDOC policy and meets the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to:

the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) NA Neither MDOC nor FCC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The Auditor reviewed the 2018, 2019 MDOC PREA Annual Reports and the 2018 Survey of Sexual Victimization. In addition, the Auditor was provided copies of FCC's 2018 and 2018 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2018 and 2018 MDOC PREA Annual Reports and the 2018 Survey of Sexual Victimization. In addition, the Auditor was provided copies of FCC's 2018 PREA Annual Report.

The PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2018 and 2019 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all

investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, FCC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of FCC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received no letters from FCC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It's clear that FCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of FCC leadership as well as the knowledge the staff demonstrated of PREA. They were very open with the Auditor and wanted the Auditor's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift. Several inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The Auditor reviewed additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of FCC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the Auditor presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. FCC was found to be in compliance with all PREA standards and was determined to have exceeded one of them.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

April 15, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report April 22, 2021

Auditor Information

Name: Elisabeth Copeland	Email: lisa@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: P. O. Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 713-818-9098	Date of Facility Visit: March 23 – 24, 2021

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe
Email: Anne.Precythe@doc.mo.gov
Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	
Telephone: 573-522-3335	
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator
Matt Briesacher, Office of Professional Standards	0

Facility Information

Name of Facility: Fulton Reception & Diagnostic Center

Physical Address: 1392 State Road O

City, State, Zip: Fulton, MO 65251

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐

Military

☐

Private for Profit

☐

Private not for Profit

☐

Municipal

☐

County

☒

State

☐

Federal

Facility Type:

☒

Prison

☐

Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐

ACA

☒

NCCHC

☐

CALEA

☐

Other (please name or describe: Click or tap here to enter text.

☐

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Doris Falkenrath

Email: doris.falkenrath@doc.mo.gov

Telephone: 573-592-4040

Facility PREA Compliance Manager

Name: Shawn Twyman

Email: shawn.twyman@doc.mo.gov

Telephone: 573-592-4040

Facility Health Service Administrator ☐ N/A

Name: Briana Hutchason

Email: briana.hutchason@corizonhealth.com

Telephone: 573-592-4040

Facility Characteristics		
Designated Facility Capacity:	1302	
Current Population of Facility:	1344	
Average daily population for the past 12 months:	1342	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18+	
Average length of stay or time under supervision:	0.3 years	
Facility security levels/inmate custody levels:	C-1 Minimum, C-2 Medium, C-5 Maximum	
Number of inmates admitted to facility during the past 12 months:	5126	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	5126	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	4783	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	331	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	83
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	19
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	10
Number of single cell housing units:	0)
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	86
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams			
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)		
Investigations			
Criminal Investigations			
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10		
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity		
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A		
Administrative Investigations			
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 1 facility		
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity		
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A		

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Fulton Reception & Diagnostic Center (FRDC) on February 8, 2021 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on March 23 – 24, 2021.

The Auditor received a flash drive containing FRDC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Warden Doris Falkenrath and Deputy Warden (Site Coordinator) Shawn Twyman as well as other Executive Team members. After the initial meeting, a detailed tour was provided to the Auditor.

Deputy Warden Shawn Twyman lead the onsite tour. The tour began with the housing units. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. In all housing units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected inmates from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Transgender Inmates, Inmates who are Limited English Proficient and Inmates who Reported Sexual Abuse During the Risk Screening. A total of 40 inmates were selected to

be interviewed. A total of three inmates refused to be interviewed. FRDC provided confidential locations in the training center for the auditing team to interview inmates.

FRDC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at FRDC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 37 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 25 staff to include the Warden, Mental Health Staff, Human Resources staff, Grievance Officer, Upper-Level Supervisors, Intake Staff, Staff who Perform Risk Screening, Volunteers, staff who Monitor Retaliation, members of the Debrief Team, Investigators, Grievance Officer, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On April 22, 2021, the PREA audit report was submitted to the PREA Resource Center and copies were sent to MDOC's statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Fulton Reception & Diagnostic Center (FRDC) is in Fulton, Missouri. FRDC consists of 19 buildings. Inmate housing, which consists of 10 housing units, which includes two, eight multiple occupancy cells, two open bay/dorm housing units and 86 segregation cells.

FRDC receives offenders sentenced to the Missouri Department Corrections. FRDC also houses probation/parole returns as well as those offenders sentenced to treatment.

The current population at FRDC is 1,344 adult male offenders. During the past 12 months 5,126 offenders have been admitted to this facility. Of this number, 4,783 offenders admitted had a length of stay longer than thirty days. The average age of the current offender populations is 18 plus years of age with custody levels being minimum, medium, and maximum.

FRDC has 331 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at FRDC. In addition to its 331 employees, FRDC also has individual contractors who are currently authorized to enter the facility. There are 10 investigators across the State of Missouri who conduct criminal sexual abuse investigations with one facility investigator who conducts sexual harassment investigations at FRDC.

FRDC is located within a secure perimeter. The facility has the official capacity to house 1,302 offenders. Over the past twelve months, FRDC has been over capacity.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. This policy outlines how it will implement the agency's approach to preventing and detecting and responding to sexual abuse and sexual harassment. This policy also includes definitions of prohibitive behavior and sanctions for those found to have participated in prohibited behaviors.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) FRDC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA

standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher.”

FRDC’s PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to FRDC’s Warden. The Auditor was provided a copy of FRDC’s organizational chart outlining this chain of command.

FRDC’s PREA Site Coordinator reports he has enough time to manage his PREA related responsibilities in addition to his responsibilities as Deputy Warden. He states he sends out an email once a month, does walk arounds, talks with staff and checks on signage as way to ensure compliance with the PREA standards.

He reports he takes “immediate action” if he spots areas of non-compliance. He states, “I make sure I bring it to the team, so all administrative staff knows about it. We put it in writing and address it. We also look at policy and see if needs to be changed.”

Staff reported the FRDC takes zero-tolerance very seriously. Each staff person interviewed knew their roles in responding, preventing, and detecting sexual abuse. Inmates interviewed reported PREA information is “everywhere.”

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, FRDC is found to have met the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC does not contract with other agencies/facilities to house inmates assigned to FRDC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes
☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☐ No ☒ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse.

MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

FRDC's staffing plan is predicated the designated capacity of 1,302. FRDC reported their ADP in the past twelve months was 1,342. The facility's administration reports FRDC has been over capacity in the past twelve months.

The Warden states, "The staffing plan for FRDC is developed at Central Office and meets the needs of the facility."

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

Both the Warden and the PREA Site Coordinator report FRDC conducts camera reviews once a year to determine where staff are needed. They advise FRDC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of 2019 report filed by FRDC showing compliance with the staffing plan.

(b) There have been no deviations from FRDC's staffing plan in the past 12 months.

(d) FRDC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure." (page 6)

SOP20-1.1, Post Orders, dated July 14, 2019 states, "The chief administrative officer (CAO) of each institution shall: ensure post orders for supervisory custody staff members includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form, Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility. ***SOP: The entrance of all captains and lieutenants will be logged on the chronological log for that location. Establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds, ***SOP: The chief of custody will be responsible to monitor the documentation of unannounced supervisor rounds monthly. The shift supervisor will be responsible to assign custody supervisors (lieutenant or higher) to make unannounced rounds to all areas of the institution where offenders live or work on an irregular basis to identify and deter sexual abuse and sexual harassment. Each tour will be documented specifically for each shift and forwarded to the deputy warden of offender management no later than the 10th of the following month. Ensure all staff member post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring unless such announcement is related to legitimate operational functions of the facility." (Pages 2 -3)

Language requiring unannounced rounds also appears in FRDC's post orders for Shift Supervisor (Captain), Assistant Shift Supervisor (Lieutenants) and Housing Unit COI.

The Auditor interviewed one upper-level supervisor. This supervisor reports they are required to check each area of the facility at least once a month. They report their checks are documented on a spreadsheet with the date, time, and their signature, when a check is completed. They also advise they sign into each housing unit when conducting these announced rounds.

The Auditor reviewed random housing units sign in sheets and found unannounced rounds are being conducted on every shift in every housing unit.

The supervisor reports they have not had an incident where staff were alerted at other housing units when these rounds were conducted. They state, If this were to happen, we would have a counseling session this staff member. If it happens again, we move to greater disciplines."

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, FRDC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) FRDC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating

procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes.” (Pages 6 -7)

FRDC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A FRDC is a male only facility.

(d) MDOC/FRDC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, “Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches.” (Page 12)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as “PREA Announcements” on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

While touring FRDC the Auditor heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty.

All inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower and restroom areas in the housing units, the Auditor found the following:

- **Housing Units 1, 2, 3, 4, 5, 6 and 7** (all built the same)

Consists of two of wings. Each wing has two tiers of two-man cells with overflow bunks outside of the cells on each tier. Each tier has an individual shower stall with curtains to ensure privacy. Each two-man cell has a toilet located in the front corner of the cell. The cell doors are solid with a small window. Toilets cannot be seen from the walkway. Staff must be up next to the window and angle their heads to see the full toilet. For overflow bunks, each tier has an empty cell for these inmates to use the restroom.

The Auditor viewed showers from the Officer Control Room and could not see into the showers. The Auditor also viewed the “Female On Duty” sign posted in the Control Room windows and face each wing. Cross-gender announcements were also verified in the housing unit’s chronological logs.

- **Housing Unit 8** (Restrictive Housing

This housing unit contains two tiers of two-man cells and also contains observation cells for those inmates on suicide watch. Each observation cell contains cameras. The Auditor viewed camera views and found all toilets were blacked out. Staff on duty reported if inmates in the observation cells remove their clothes, they are immediately reminded that female officers are on duty and instructed to clothe themselves. Cross-gender announcements were also verified in the housing unit's chronological logs.

This housing unit also contains individual shower stalls with mesh wire and metal plates to ensure privacy. There is also a strip out area. This area also has mesh wire and a metal plate to ensure the genital area is blocked from view.

The Auditor did express concern with the height of the metal plate on the strip out and shower area especially if a transgender inmate was being housed on restrictive housing. Staff advised a transgender inmate would be allowed to hang a towel above the metal plate to ensure the breast area was covered.

While onsite, the Auditor did interview a transgender inmate who had been placed in restrictive housing for disciplinary issues. This inmate corroborated the information staff provided. This inmate also stated they had no issues with privacy while housed in restrictive housing.

- **Housing Unit 9, 10**

These housing units are open bay/dorm style housing units with bunkbeds. Each housing unit has two sides. The shower area has individual stalls with a half wall separating the stalls. Each stall also has a curtain. Toilets and urinals are not separated by walls; however, they cannot be seen by the day room or by staff sitting at the officer desk.

- **Receiving**

Strip out rooms have frosted windows to ensure privacy. Inmates are stripped out one at a time. The Shower is located behind a barrier. This area has three holding tanks. Each holding tank has a single toilet behind a half wall. From the hallway, you cannot see the toilet area as the windows are frosted part of the way. This area also has inmate restrooms. Restrooms are one at a time and also have frosted glass in the window to ensure privacy.

Restrooms located in Medical, Gym, Laundry, Chapel, Education, Canteen, Library, Mental Health, Warehouse and Food Service are designed for one inmate at a time. Each area has privacy for the inmate while allowing staff to ensure safety.

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status.

Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members.” (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, “The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician.” (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were no transgender or intersex inmates at the facility. This information was confirmed through interviews with medical staff, random staff and inmates.

(f) MDOC policy D1-8.13 states, “Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs.” (Page 13)

FRDC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, FRDC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the MDOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

During the tour of FRDC, signs were posted throughout the facility providing inmates who are hard or hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interprettek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

FRDC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at FRDC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual

disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

MDOC has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of MDOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

FRDC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of FRDC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All FRDC staff interviewed supported this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, FRDC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force,

coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse.” (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations.” (Page 7)

A representative from human resources states, “Yes, we do. However, we rarely get the information or details during a background check. If they allude to a PREA incident, based on that alone, we do not hire them.” The representative also states, “All legal issues must be reported.

The MDOC Employee Handbook states, “Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee’s arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence.” (Page 18)

c, d, e) MDOC policy D1-8.13 states, “Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations.” (Page 7)

A representative from human resources states, “Yes, before they come to work. We then do one annually on their birth month. We also do another background check when they get promoted.” The representative added, “We use MULES (Missouri Uniform Law Enforcement System, NCIC and CaseNet.” CaseNet is computer system used to check local court filings.

While onsite, the Auditor reviewed samples of employees’ files and found criminal background checks have been completed per this standard.

g) The human resource representative states, “Any inquiries about former employees are not handled at the facility level. This is referred to Central Office.”

Based on the evidence provided through policy, staff interviews, and documentation, FRDC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) FRDC has not modified or expanded its facility or acquired additional buildings since the last PREA audit.

b) FRDI has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

Based on the evidence provided through policy and the tour of the facility, FRDC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All FRDC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

In the past 12 months, there has been one forensic medical exams performed by a SANE on inmates assigned to FRDC.

There were no SANE nurses onsite during the onsite portion of this audit.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who

has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as FRDC.

The Site Coordinator reports, “We have the chaplains and a case worker trained to be a victim advocate if needed. We do have a contract with a rape crises center and the requirement to ensure they were qualified to act as advocates is present in the contract.”

While FRDC identified several inmates, who had reported sexual abuse in the past 12 months, no inmates would self-disclose to the Auditor they had made a report.

f) NA MDOC/FRDC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FRDC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, FRDC has had 25 allegations of sexual abuse and sexual harassment. Thirteen of these allegations resulted in administrative investigations. There have been zero allegations referred for criminal investigation.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, FRDC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/FRDC trains all employees who may have contact with inmates are trained in the prevention, detection, and response to sexual abuse and sexual harassment.

a, c) FRDC has trained 100% of their staff on this topic.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While FRDC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment." (Page 8)

d) MDOC policy D1-8.13 states, "All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file." (Page 8)

FRDC documents, through employee signature, the understanding and completion of the training they have received. While onsite the Auditor reviewed ten staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) FRDC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors' acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

While onsite the Auditor reviewed twenty training records of volunteers and contractors finding all eight had received the required PREA training.

Based on the evidence provided through policy, interviews, and documentation review, FRDC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) FRDC reports 4,783 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

Intake staff a FRDC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later.

All inmates interviewed reported receiving PREA information the first day they arrived at FRDC.

e) FRDC documents all inmate education. While onsite the Auditor reviewed the records of 36 inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of FRDC, the Auditor observed PREA information signs and way to report posted in every housing unit and other building inmates have been granted access. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FRDC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Garrity, sexual abuse

evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigators. Both investigators report receiving specialized training as well as the required agency training.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) While onsite the Auditor was provided proof of certificates for SANE training for six nurses.

c) While onsite the Auditor reviewed four training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at FRDC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, conduct violations, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

FRDC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of ten inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) FRDC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC uses information from the AIRA required by 115.41 to inform housing, bed, work, education, and program assignments. This determination is made on an individualized basis. The goal of this determination is separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

Interviews with staff supported this practice.

The Site Coordinator reports the AIRA is used to determine housing, job placement and programs. There main goal is to keep the Alphas and Sigmas separated for protection.

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6-month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted

mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Site Coordinator s to make sure advises the Transgender Committee will meet with those inmates identified as transgender to make sure their needs are being met.

Interviews with staff who conduct the AIRA support this practice.

The Auditor interviewed two transgender inmates. Both inmates report meeting with the transgender committee. They also report the committee and staff ask them about their safety.

h) FRDC does not have dedicated wings to house gay, bisexual, transgender or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the previous 12-month reporting period FRDC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

The Warden states, "We always look at all housing options to keep the victim safe."

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) FRDC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

FRDC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

FRDC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported if needed, they would use the hotline to report the abuse.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FRDC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/FRDC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

It should be noted the Offender Grievance policy is available to all inmates in the library of FRDC.

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the

offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

FRDC has had no grievances filed alleging sexual abuse in the past 12 months.

FRDC also utilizes a "Grievance PREA Tracking Log" to ensure timeframes are met.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance

form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure.” (Pages 18 – 19)

g) The grievance policy also states, “No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals.” (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/FRDC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. This information is provided through posters throughout the facility and on the inmate tablet.

a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented, and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations." (Pages 20 -21)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse and Incest National Network (RAINN). Inmates at FRDC can contact these agencies for emotional support. The flyer is available in English and Spanish.

FRDC has entered a MOU with YWCA St. Joseph for local advocacy services. This MOU was signed in 2014 and renews every year.

While the FRDC provided names of inmates who had reported sexual abuse, only one inmate self-disclosed they reported sexual abuse to FRDC. This inmate did report he was offered an advocate. However, he declined their service.

Interview with inmates reported they knew there were some type of service available to them outside of the facility; however, they could not name the resource. Most stated they seen they either go the information in the PREA flyer or their case manager told them about it.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for inmates' access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

FRDC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FRDC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/FRDC requires all staff to report immediately any knowledge or suspicions of sexual abuse or sexual harassment of inmates in their custody.

a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, “Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.” (Page 6)

All staff interviewed state “confidentiality” and “zero-tolerance” are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

When FRDC learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. In the past twelve months, there has been one incident where FRDC determined that an inmate was subject to a substantial risk of imminent sexual abuse.

a) MDOC Policy D1.8-13 states, “When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. “If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.” (Page 17)

The Warden states she expects her staff to follow up with the inmate and make sure they are safe. If they deem them not safe, she wants her staff to separate them from the possible abuser and to notify their supervisor.

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department

intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

FRDC received eight reports of sexual abuse from another confinement facility. The Auditor reviewed documentation and found the coordinated response was initiated in a timely manner. All allegations were also referred for investigation.

FRDC has received any incidents requiring notifications to an outside agency in the past 12 months.

The Site Coordinator reports, "Upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offender sexual abuse shall be immediately initiated by the shift commander. If the alleged abuse occurred at a facility outside the department, the notification checklist shall be forwarded to the department's PREA manager. The PREA manager shall ensure notification to the facility is made with 72 hours."

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a first responder policy for allegations of sexual abuse.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

FRDC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been one non-security staff who has acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder. Most staff showed the Auditor their card.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FRDC is found to have met the standard for staff first responder duties.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) FRDC has formalized Coordinated Response plan in place for staff, volunteers, and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

The Auditor reviewed one closed PREA investigation and found the coordinated response had been initiated in according to policy and this standard.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff member a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further

monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual.” (Page 14)

This same policy also states, “The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Site Coordinator is responsible for monitoring retaliation at FRDC.

The Auditor reviewed three retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers.

a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution." (Page 16)

This same policy continues, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

FRDC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

The Warden states, "We always analyze the situation and look at all housing options to keep the victim safe."

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators' procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigator. Both investigators report receiving specialized training as well as the required departmental training in preventing, detecting and responding to sexual abuse or sexual harassment.

The Auditor reviewed three administrative files and found they met all requirements of MDOC policy and this standard.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

Interviews with investigators report they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor was advised by the criminal investigator that in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

All investigators interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a policy requiring that an inmate who makes an allegation that he or she suffered sexual abuse in an MDOC facility is informed in verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

a) MDOC policy D1-8.13 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

All investigators interviewed reported notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

b) NA MDOC/FRDC is responsible for conducting administrative and criminal investigations.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

While FRDC provided the Auditor with several names of inmates who reported sexual abuse, only one inmate self-reported they reported sexual abuse. This inmate stated they were notified of the outcome of their investigation.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

e, f) MDOC D1-8.13 states, "The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter but shall have the right to decline the letter. The original notification shall be forwarded to the department's PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends." (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Warden stated they would restrict them from the institution while being investigated.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt

when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

b) This same policy states, “Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

c) This policy states, “ The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

d) MDOC policy states, “Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, “An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, “The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period.

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, “If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening.” (Page 3)

The Auditor interviewed three inmates who reported sexual abuse during the AIRA. Two reported childhood sexual abuse and one reported prior sexual abuse at another facility. Two inmates advised they were offered mental health services immediately following the assessment.

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Auditor reviewed ten completed AIRA's. Based on the requirements listed in the PREA Risk Assessment Manual, mental health referrals are required. Auditor reviewed documentation showing referrals were made to mental health.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FRDC is found to have met the standard for medical and mental health screenings, history of sexual abuse.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of FRDC.

This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FRDC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC had no instance where the perpetrator of sexual abuse was referred to mental health.

a, f) FRDC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) FRDC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report that while they have specific protocols they must follow, they are allowed to use some judgement when treating victims of sexual abuse.

c) FRDC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe their level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA FRDC is an all-male facility.

g) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FRDC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC had five sexual abuse incident reviews (debriefs) during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for

offender sexual abuse events shall include the PREA site coordinator, and other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file.” (Page 20)

The Auditor reviewed three debriefings and found they were conducted per MDOC policy and meets the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) NA Neither MDOC nor FRDC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2017 MDOC PREA Annual Reports and the 2018 Survey of Sexual Victimization.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2017 MDOC PREA Annual Reports and the 2018 Survey of Sexual Victimization.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2019 PREA Annual Report. This report contains information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, FRDC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of FRDC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received no letters from FRDC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FRDC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been

no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It's clear that FRDC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of FRDC leadership as well as the knowledge the staff demonstrated of PREA. They were open with the Auditor and wanted the Auditor's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was open to any suggestions the Auditor presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. FRDC was found to be in compliance with all PREA standards

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

April 22, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report April 28, 2021

Auditor Information

Name: Elisabeth Copeland	Email: lisa@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: P. O. Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 713-818-9098	Date of Facility Visit: April 16, 2021

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Ozark Correctional Center

Physical Address: 929 Honor Camp Road

City, State, Zip: Fordland, MO 65652

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐

Military

☐

Private for Profit

☐

Private not for Profit

☐

Municipal

☐

County

☒

State

☐

Federal

Facility Type:

☒

Prison

☐

Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐

ACA

☒

NCCHC

☐

CALEA

☐

Other (please name or describe: Click or tap here to enter text.

☐

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Terrena Ballinger

Email: terrena.ballinger@doc.mo.gov

Telephone: 471-767-4491

Facility PREA Compliance Manager

Name: Gary Fuwell

Email: gary.fuwell@doc.mo.gov

Telephone: 471-767-4491

Facility Health Service Administrator ☐ N/A

Name: Julie Patterson

Email: julie.patterson@doc.mo.doc

Telephone: 417-767-4491

Facility Characteristics		
Designated Facility Capacity:	738	
Current Population of Facility:	315	
Average daily population for the past 12 months:	306	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19 to over 68	
Average length of stay or time under supervision:	13 months	
Facility security levels/inmate custody levels:	Medium Treatment Profile	
Number of inmates admitted to facility during the past 12 months:	303	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	303	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	300	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	168	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	26
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	41
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	83
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	9
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	3
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	8
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 1 facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Ozark Correctional Center (OCC) on March 2, 2021 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on April 12 – 13, 2021.

The Auditor received a flash drive containing OCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum, and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Warden Terrena Ballinger and Deputy Warden (Site Coordinator) Gary Fuwell as well as other Executive Team members. After the initial meeting, a detailed tour was provided to the Auditor.

Deputy Warden Gary Fuwell lead the onsite tour. The tour began with the housing units. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. In all housing units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected several from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Inmates who Identify as Gay & Bisexual and Inmates who Identify as Transgender. A total of 26 inmates were selected to be interviewed. OCC provided confidential locations in the administrative conference room for the Auditor to interview inmates.

OCC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at OCC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 26 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 23 staff to include the Agency Head, Statewide PREA Coordinator, Site Coordinator, Medical Staff, Mental Health Staff, Human Resources staff, Upper-Level Supervisors, Intake Staff, Staff who Perform Risk Screening, staff who Monitor Retaliation, members of the Debrief Team, Investigators, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On April 28, 2021, the PREA audit report was submitted to the PREA Resource Center and copies were sent to MDOC's statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Ozark Correctional Center (OCC) is in Fordland, Missouri. OCC inmate housing consists of three open bay/dorm style housing units and one segregation unit containing single and multi-occupancy cells.

OCC receives offenders sentenced to the Missouri Department Corrections and require substance abuse treatment.

The current population at OCC is 315 adult male offenders. During the past 12 months 303 offenders have been admitted to this facility. Of this number, 300 admitted had a length of stay longer than thirty days. The average age range of the current offender populations is 19 to 68 with custody level being medium treatment profile.

OCC has 168 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at OCC. In addition to its 168 employees, OCC also has 28 volunteers and individual contractors who are currently authorized to enter the facility. There are 10 investigators across the State of Missouri with one facility investigator at OCC.

OCC is located within a secure perimeter. The facility has the official capacity to house 738 offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. his same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) OCC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher."

OCC's PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to OCC's Warden. The Auditor was provided a copy of OCC's organizational chart outlining this chain of command.

Staff reported the OCC takes zero-tolerance very seriously. Each staff person interviewed knew their roles in responding, preventing and detecting sexual abuse. Inmates interviewed reported PREA information is "everywhere." They also reported they felt staff would take a report of sexual abuse seriously.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, OCC is found to have met the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC does not contract with other agencies/facilities to house inmates assigned to OCC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes
☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☐ No ☒ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

OCC's staffing plan is predicated on design capacity of the facility which is 738. OCC's current population is 295.

All staffing plan MDOC facilities are developed at Central Office and meets the requirement of this standard.

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

OCC conducts camera reviews once a year to determine where staff are needed. OCC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of 2020 report filed by OCC showing compliance with the staffing plan.

The Auditor reviewed the 2020 PREA Annual Report filed by OCC. This report covers all sexual abuse and sexual harassment allegations filed in that calendar year, camera monitoring reviews, staffing plan compliance, and any correction action OCC made to maintain compliance with the PREA standards.

While camera and video monitoring are included in OCC's PREA Annual Reports, OCC does file a separate annual report specifically for this topic. The Auditor reviewed the 2020 report.

(b) There have been no deviations from OCC's staffing plan in the past 12 months.

(d) OCC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure." (page 6)

SOP20-1.1, Post Orders, dated July 14, 2019 states, "The chief administrative officer (CAO) of each institution shall: ensure post orders for supervisory custody staff members includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form, Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility. ***SOP: The entrance of all captains and lieutenants will be logged on the chronological log for that location. Establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds, ***SOP: The chief of custody will be responsible to monitor the documentation of unannounced supervisor rounds monthly. The shift supervisor will be responsible to assign custody supervisors (lieutenant or higher) to make unannounced rounds to all areas of the institution where offenders live or work on an irregular basis to identify and deter sexual abuse and sexual harassment. Each tour will be documented specifically for each shift and forwarded to the deputy warden of offender management no later than the 10th of the following month. Ensure all staff member post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring unless such announcement is related to legitimate operational functions of the facility." (Pages 2 -3)

Language requiring unannounced rounds also appears in OCC's post orders for Shift Supervisor (Captain), Assistant Shift Supervisor (Lieutenants) and Housing Unit COI.

Supervisors at OCC are required to check each area of the facility at least once a month. The checks are documented with the date, time, and their signature, when a check is completed. Supervisors are also required to sign into each housing unit when conducting these announced rounds.

The Auditor reviewed random housing units sign in sheets and found unannounced rounds are being conducted on every shift in every housing unit.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, OCC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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OCC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a)(c) OCC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

OCC's SOPD1-8.13 states echoes the language found in MDOC policy D1-8.13.

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

OCC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A OCC is a male only facility.

(d) MDOC/OCC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

This same language is also found in OCC policy SOPD1-8.1.

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as "PREA Announcements" on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

While touring OCC the Auditor heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty.

All inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower and restroom areas in the housing units, the Auditor found the following:

Housing Unit 1

This housing unit consists of four wings. Each wing is designed with open bays and have bunk beds. Each wing contains four shower stalls with curtains and moveable barriers. This area also contains three individual stalls with toilets and curtains for coverage. Two open urinals are also present.

RECOMMENDATION: While cross-gender announcements are being made per this standard and MDOC policy, when female staff enter the wing, they walk by the shower/restroom area. The urinals are in clear view and can be seen from the hallway. It is recommended the moveable barriers in this area be used to block the view of the urinals from the hallway.

Housing Unit 2

This housing unit consists of four wings. Three wings are general population wings, and one wing is disciplinary wing. Each wing contains eight-man rooms with bunkbeds. While this is not considered administrative segregation, it is for those inmates who may be on room restrictions. This wing is secured by a gate and can only be entered by staff. Each wing contains four individual shower stalls with curtains, four individual toilet stalls with curtains and two urinals. The urinals cannot be seen by the hallway.

RECOMMENDATION: While viewing the curtains for the individual toilet stalls in one wing, it was discovered the curtain was high enough female staff could see into the stall and see an inmate toileting. It is recommended OCC check each stall and lower the curtains to fully cover the toilet seat area.

Segregation Unit

This unit is a gender specific post. It contains for single man cells and four four-man cells. Each cell contains a toilet and a camera. The Auditor viewed the camera views at the officer station and found all cameras had the toilets digitally covered. Showers are in individual stalls with appropriate covering.

Recreation

Individual stalls for urinals with appropriate barriers to ensure privacy.

Education and Trailer with Extra Classrooms

The main education building contains one inmate restroom. The restroom has one single toilet behind a solid door. The trailer with the extra classrooms contains two inmate restrooms. Each restroom contains a single toilet behind a solid door.

Laundry

One inmate restroom with one toilet behind a solid door.

Visiting Room

This is a gender specific post. Inmates are stripped searched before their visits. Inmates are stripped searched one at a time to ensure privacy.

Drug Treatment (consists of four trailers)

Trailer 1 and Trailer 2 contains staff offices and have no inmate restrooms. Trailer 3 and Trailer 4 contains programs and have open floor plans. Each trailer has an inmate restroom with one toilet behind a solid door.

Canteen

Inmate workers have access to an inmate restroom. This is a single toilet located behind a solid door. Cameras are also present.

Chapel

Contains one inmate restroom with one toilet behind a solid wall.

Kitchen

Inmate workers use inmate restroom which contains one toilet. Appropriate barriers are in place to ensure privacy.

The following areas do not have inmate restrooms:

- Restorative Justice Building
- Inmate Library
- Property Room
- Recycling
- Inmate Dining

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

The Auditor interviewed one transgender inmate. This inmate reports they have not been searched solely for the purpose of determining their genitalia.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

OCC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, OCC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC has established procedures to provide disabled inmates equal opportunities to participate in or benefit from all aspects of MDOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

OCC SOP/D1-8.13, Offender Sexual Abuse and Harassment contains the same language as MDOC policy D1-8.13.

OCC reported there were no inmates with hearing, visual or cognitive disabilities. This was confirmed through interviews with random OCC.

During the tour of OCC, signs were posted throughout the facility providing inmates who are hard of hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interpretek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

OCC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at OCC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC has established procedures to provide inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of MDOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

OCC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of OCC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All OCC staff interviewed supported this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, OCC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

A representative from human resources states, "Yes, we do. However, we rarely get the information or details during a background check. If they allude to a PREA incident, based on that alone, we do not hire them." The representative also states, "All legal issues must be reported."

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly

provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence.” (Page 18)

c, d, e) MDOC policy D1-8.13 states, “Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations.” (Page 7)

A representative from human resources states, “Yes, before they come to work. We then do one annually on their birth month. We also do another background check when they get promoted.” The representative added, “We use MULES (Missouri Uniform Law Enforcement System, NCIC and CaseNet.” CaseNet is computer system used to check local court filings.

The Auditor reviewed random employees’ files and found criminal background checks have been completed per this standard.

g) The human resource representative states, “Any inquiries about former employees are not handled at the facility level. This is referred to Central Office.”

Based on the evidence provided through policy, staff interviews, and documentation, OCC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) OCC has not modified or expanded its facility or acquired additional buildings since their last PREA audit.

b) OCC has not installed or updated a video monitoring system, electronic surveillance system, other monitoring technology since their last PREA audit.

Based on the evidence provided through policy and the tour of the facility, OCC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The PREA Unit investigators are responsible for criminal and administrative investigations.

a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All OCC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to

report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

In the past 12 months, there have been zero forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on inmates assigned to OCC.

There were no SANE nurses onsite during the onsite portion of this audit.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented, and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility." (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as OCC.

The Site Coordinator reports, "Our chaplain is trained to be a victim advocate if needed."

There were no inmates onsite to be interviewed who had reported sexual abuse in the past 12 months.

f) NA MDOC/OCC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, OCC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, OCC has had five allegations of sexual abuse or sexual harassment. Three allegations resulted in administrative investigations.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, OCC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c) OCC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While OCC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working with The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned

from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment.” (Page 8)

d) MDOC policy D1-8.13 states, “All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file.” (Page 8)

OCC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed ten staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) OCC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors' acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

The Auditor reviewed seven training records of volunteers and contractors finding all eight had received the required PREA training.

Based on the evidence provided through policy, interviews, and documentation review, OCC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) OCC reports 303 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

Intake staff at OCC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later.

All inmates interviewed reported receiving PREA information the first day they arrived at OCC.

e) OCC documents all inmate education. While onsite the Auditor reviewed the records of 36 inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of OCC, the Auditor observed PREA information signs and way to report posted in every housing unit. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, OCC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit investigator. They received specialized training as well as training required by MDOC on sexual abuse.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or

suspensions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)

☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)

☒ Yes ☐ No ☐ NA

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) The Auditor was provided proof of certificates for SANE training for six nurses.

c) The Auditor reviewed training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at OCC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

OCC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of ten inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) OCC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC uses information from the AIRA, as required by 115.41, to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

Interviews with staff supported this practice.

The Site Coordinator reports the AIRA is used to determine housing, job placement and program. There main goal is to keep the Alphas and Sigmas separated for protection.

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6-month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include

information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Site Coordinator will make sure the Transgender Committee meets shortly after any transgender females arrive at the facility. The committee's job is to make sure the needs of the transgender female are being met. He states, "We place them in general population unless they request alternative housing."

Interviews with staff who conduct the AIRA support this practice.

The Auditor interviewed one transgender female who reports they are happy with their housing assignment.

h) OCC does not have dedicated wings to house gay, bisexual, transgender, or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the previous 12-months OCC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☐ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) OCC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

OCC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

OCC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they could use the C.L.E.A.R. Line if needed to report abuse outside of OCC.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, OCC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date

by which a decision will be made? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC/OCC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the

offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA.” (Pages 9, 16 -17)

It should be noted the Offender Grievance policy is available to all inmates in the library of OCC.

d) MDOC policy D5-3.2 states, “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process.” (Page 17)

OCC has had no grievances filed alleging sexual abuse in the past 12 months.

OCC also utilizes a “Grievance PREA Tracking Log” to ensure timeframes are met.

e) This same policy states, “Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.” (Pages 17 -18)

f) This same policy also states, “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal

resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented, and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security

of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations.” (Pages 20 -21)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse and Incest National Network (RAINN). Inmates at OCC can contact these agencies for emotional support. The flyer is available in English and Spanish.

OCC currently has an agreement in place with Webster County Victim Assistance Program.

There were no inmates at OCC who have reported sexual abuse onsite during this portion of the audit.

Interview with inmates reported they knew there were services available to them outside of the facility as they seen the information in the PREA flyer they received at intake. This information is also posted throughout the OCC.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for inmates’ access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

OCC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, OCC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger. They also reported they would also pull that inmate aside to ensure their safety will notifying their supervisor.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department

intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

OCC received no reports for sexual abuse from another confinement facility.

OCC has not received any incidents requiring notifications to an outside agency in the past 12 months.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

OCC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder. Most staff showed the Auditor their card.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, OCC is found to have met the standard for staff first responder duties.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) OCC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

The Auditor reviewed three closed PREA investigations and found the coordinated response had been initiated in each one according to policy and this standard.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff member a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible, retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving

institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Site Coordinator is responsible for monitoring retaliation at OCC.

The Auditor reviewed three retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution." (Page 16)

This same policy continues, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

OCC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. The investigator received specialized training as well as required MDOC training on sexual abuse.

The Auditor reviewed three administrative files and found they met all requirements of MDOC policy and this standard.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

The investigator reports they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

All investigators interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:

The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification

shall not be made to the offender following an investigation or inquiry regarding sexual harassment.” (Pages 20, 21)

All investigators interviewed reported notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

b) NA MDOC/OCC is responsible for conducting administrative and criminal investigations.

c) This same policy states, “All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

OCC had no inmates who reported sexual abuse onsite to interview during this portion of the audit.

d) This policy also states, “Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

OCC had no inmates who reported sexual abuse onsite to interview during this portion of the audit.

e, f) MDOC D1-8.13 states, “The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter but shall have the right to decline the letter. The original notification shall be forwarded to the department’s PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends.” (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period.

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, "If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment.

If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening." (Page 3)

There were no inmates onsite who reported sexual abuse during the AIRA.

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Auditor reviewed ten completed AIRA's. Based on the requirements listed in the PREA Risk Assessment Manual, mental health referrals are required. Auditor reviewed documentation showing referrals were made to mental health.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, OCC is found to have met the standard for medical and mental health screenings; history of sexual abuse.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of OCC.

This same MDOC policy states, “If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.” (Page 17)

c) This same policy states, “Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate.” (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, OCC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether*

such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f) OCC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) OCC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report that while they have specific protocols they must follow, they are allowed to use some judgement when treating victims of sexual abuse.

c) OCC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe their level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA OCC is an all-male facility.

g) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, OCC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC had zero substantiated sexual abuse investigation during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

- e) NA Neither MDOC nor OCC contracts for placement of inmates in their custody.
- f) NA DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2019 MDOC PREA Annual Report and the 2019 Survey of Sexual Victimization. In addition, the Auditor was provided copies of OCC's 2020 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2019 MDOC PREA Annual Reports and the 2019 Survey of Sexual Victimization. In addition, the Auditor was provided copies of OCC's 2020 PREA Annual Report.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2019 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety

and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited.” (Page 25)

d) According to the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, OCC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of OCC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor did not receive any letters from OCC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, OCC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of OCC leadership as well as the knowledge the staff demonstrated of PREA. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift. Several inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The Auditor reviewed additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of OCC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and

documentation. They articulated the coordinated response and the expectations that staff would follow all policies.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. OCC was found to be in compliance with all PREA standards.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

April 28, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report April 26, 2021

Auditor Information

Name: Elisabeth Copeland	Email: lisa@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: P. O. Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 713-818-9098	Date of Facility Visit: April 13 – 14, 2021

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: South Central Correctional Center

Physical Address: 255 W Hwy 32

City, State, Zip: Licking, MO 65542

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Type:

☒ Prison

☐ Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☒ Other (please name or describe: BJA

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Michele Buckner

Email: michele.buckner@doc.mo.gov

Telephone: 573-674-4470 ext. 1001

Facility PREA Compliance Manager

Name: Wendall Calhoun

Email: wendall.calhoun@doc.mo.gov

Telephone: 573-674-4470 ext. 1001

Facility Health Service Administrator ☐ N/A

Name: Renee Todaro

Email: renee.todaro@doc.mo.doc

Telephone: 573-674-4470 ext. 1048

Facility Characteristics		
Designated Facility Capacity:	1628	
Current Population of Facility:	1430	
Average daily population for the past 12 months:	1440	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19 - 83	
Average length of stay or time under supervision:	3.3 years	
Facility security levels/inmate custody levels:	C-1 – C5	
Number of inmates admitted to facility during the past 12 months:	332	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	332	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	326	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	377	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	55	

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	43
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	43
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	49
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	24
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	5
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	348
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 1 facility
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to South Central Correctional Center (SCCC) on March 12, 2021 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on April 13 – 14, 2021.

The Auditor received a flash drive containing SCCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum, and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Warden Michele Buckner and Deputy Warden (Site Coordinator) Wendall Calhoun as well as other Executive Team members. After the initial meeting, a detailed tour was provided to the Auditor.

The Deputy Warden lead the tour. The tour began with the housing units. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. In all housing units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected inmates from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Limited English Proficient, Inmates with Disabilities, Gay & Bisexual, Inmates who Identify as Transgender, Inmates who Reported Sexual Abuse and Inmates who Reported Sexual Abuse During the Risk Screening. A total of 40 inmates were selected to be interviewed. A total of five inmates refused to be interviewed. SCCC provided confidential locations in the training center for the auditing team to interview inmates.

SCCC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at SCCC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 35 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 31 staff to include the Agency Head, PREA Coordinator, Warden, Site Coordinator, Medical Staff, Mental Health Staff, SANE, Human Resources staff, Grievance Officer, Upper-Level Supervisors, Intake Staff, Staff who Perform Risk Screening, staff who Monitor Retaliation, members of the Debrief Team, Investigators, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On April 26, 2021, the PREA audit report was submitted to the PREA Resource Center and copies were sent to MDOC's statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The South-Central Correctional Center (SCCC) is in Licking, Missouri. SCCC consists of 24 buildings. Inmate housing, which consists of seven housing units, includes one single cell housing, five multiple occupancy cell housing and 348 segregation cells.

SCCC receives offenders sentenced to the Missouri Department Corrections.

The current population at SCCC is 1,430 adult male offenders. During the past 12 months 332 offenders have been admitted to this facility. Of this number, 326 admitted had a length of stay longer than thirty days. The average age of the current offender populations ranges from 19 to 82 years of with custody level being C-1 (minimum custody) to C-5 (maximum custody).

SCCC has 377 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at SCCC. In addition to its 377 employees, SCCC also has 92 volunteers and individual contractors who are currently authorized to enter the facility. There are 10 investigators across the State of Missouri with one facility investigator at SCCC.

SCCC is located within a secure perimeter. The facility has the official capacity to house 1,628 offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards

Exceeded: 0

List of Standards Exceeded: [Click or tap here to enter text.](#)

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor. A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) SCCC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher."

SCCC's PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to SCCC's Warden. The Auditor was provided a copy of SCCC's organizational chart outlining this chain of command.

SCCC's PREA Site Coordinator reports he has enough time to manage his PREA related responsibilities in addition to his responsibilities as Deputy Warden.

Staff reported the SCCC takes zero-tolerance very seriously. Each staff person interviewed knew their roles in responding, preventing and detecting sexual abuse.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, SCCC is found to have met the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SCCC does not contract with other agencies/facilities to house inmates assigned to SCCC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☐ No ☒ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated

offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted.” (page 6)

SCCC’s staffing plan is predicated design capacity 1,628.

The Warden states, “The staffing plan for SCCC is developed at Central Office and meets the needs of the facility.”

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

Both the Warden and the PREA Site Coordinator report SCCC conducts camera reviews once a year to determine where staff are needed. They advise SCCC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, “The PREA Staffing and Yearly Reporting Implementation Team.” The Auditor was provided a copy of 2020 report filed by SCCC showing compliance with the staffing plan.

The Auditor reviewed the 2020 PREA Annual Report filed by SCCC. These reports cover all sexual abuse and sexual harassment allegations filed in that calendar year, camera monitoring reviews, staffing plan compliance, and any correction action SCCC made to maintain compliance with the PREA standards.

While camera and video monitoring are included in SCCC’s PREA Annual Reports, SCCC does file a separate annual report specifically for this topic. The Auditor reviewed a report from 2020.

(b) There have been no deviations from SCCC’s staffing plan in the past 12 months.

(d) SCCC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, “Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility’s standard operating procedure.” (page 6)

SOP20-1.1, Post Orders, dated July 14, 2019 states, “The chief administrative officer (CAO) of each institution shall: ensure post orders for supervisory custody staff members includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form, Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility. ***SOP: The entrance of all captains and lieutenants will be logged on the chronological log for that location. Establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds, ***SOP: The chief of custody will be responsible to monitor the documentation of unannounced supervisor rounds monthly. The shift supervisor will be responsible to assign custody supervisors (lieutenant or higher) to make unannounced rounds to all areas of the institution where offenders live or work on an irregular basis to identify and deter sexual abuse and sexual harassment. Each tour will be documented specifically for each shift and forwarded to the deputy warden of offender management no later than the 10th of the following month. Ensure all staff member post orders include a general order prohibiting

staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility.” (Pages 2 -3)

Language requiring unannounced rounds also appears in SCCC’s post orders for Shift Supervisor (Captain), Assistant Shift Supervisor (Lieutenants) and Housing Unit COI.

The Auditor interviewed two upper-level supervisors. Each supervisor report they are required to check each area of the facility at least once a month. They report their checks are documented on a spreadsheet with the date, time, and their signature, when a check is completed. They also advise they sign into each housing unit when conducting these announced rounds.

The Auditor reviewed random housing units sign in sheets and found unannounced rounds are being conducted on every shift in every housing unit.

Each supervisor reports they have not had an incident where staff were alerted at other housing units when these rounds were conducted.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, SCCC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SCCC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) SCCC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

SCCC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2019. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A SCCC is a male only facility.

(d) MDOC/SCCC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as "PREA Announcements" on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

While touring SCCC the Auditor heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty.

All inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower and restroom areas in the housing units, the Auditor found the following:

Housing Unit 1 – Segregation

- Showers are individual stalls with doors that contain mesh wire.
- Strip cage allows for privacy with walls of the cage containing $\frac{3}{4}$ of solid metal with $\frac{1}{4}$ of the wall containing mesh wire.
- Has one dry cell – a portable toilet is brought in when needed.
- Contains ten suicide cells – verified through camera views the toilets are blacked out for privacy.
- The remainder of the cells have a toilet located in the front corner of the cell between the sink and the wall.

Housing Unit 2 – Administrative Segregation and Protective Custody

- Each wing contains two tiers of 2-man cells.
- Top tier contains five individual stalls with doors.
- Bottom tier contains three individual stalls with doors; one shower is located behind $\frac{1}{2}$ wall with curtains.
- Each cell has toilet located in the front corner of the cell between the sink and the wall.

Housing Unit 3 – Programs

- Contains two tiers of 2-man cells.
- Top tier contains five individual stalls with doors.
- Bottom tier contains three individual stalls with doors; one shower is located behind $\frac{1}{2}$ wall with curtains.
- Each cell has toilet located in the front corner of the cell between the sink and the wall.

Housing Units 4, 5 and 6 are the same set up as Housing Unit 3

Housing Unit 7—MSU (Minimum Standards Unit) Work Release

- Strip out Shed before entering the housing unit. If a transgender inmate is assigned to this housing unit, they are stripped out separately from other inmates.
- Open bay/dorm style format.
- Each wing has six individual showers with curtains.
- Toilets and urinals are in individual stalls located behind a $\frac{1}{2}$ wall. Individual stalls have a swinging door.

Restrooms located in Central Services (Education, Library, Chapel, Recreation), Laundry, Property, Furniture Factory and Food Service are designed for one inmate at a time. Each area has privacy for the inmate while allowing staff to ensure safety.

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, “Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center.” (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

SCCC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, SCCC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

During the tour of SCCC, signs were posted throughout the facility providing inmates who are hard of hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interprettek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

SCCC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at SCCC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

SCCC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of SCCC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All SCCC staff interviewed supported this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, SCCC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

A representative from human resources states, "Yes, we do. However, we rarely get the information or details during a background check. If they allude to a PREA incident, based on that alone, we do not hire them." The representative also states, "All legal issues must be reported."

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or

filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence.” (Page 18)

c, d, e) MDOC policy D1-8.13 states, “Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations.” (Page 7)

A representative from human resources states, “Yes, before they come to work. We then do one annually on their birth month. We also do another background check when they get promoted.” The representative added, “We use MULES (Missouri Uniform Law Enforcement System, NCIC and CaseNet.” CaseNet is computer system used to check local court filings.

While onsite, the Auditor reviewed random employees’ files and found criminal background checks have been completed per this standard.

g) The human resource representative states, “Any inquiries about former employees are not handled at the facility level. This is referred to Central Office.”

Based on the evidence provided through policy, staff interviews, and documentation, SCCC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) SCCC has not modified or expanded its facility or acquired additional buildings since their last PREA audit in 2019.

b) SCCC has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit in 2019.

Based on the evidence provided through policy and the tour of the facility, SCCC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC and SCCC are responsible for conducting administrative or criminal sexual abuse investigations.

a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All SCCC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

In the past 12 months, there have been seven forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on inmates assigned to SCCC.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor interviewed one SANE who states, "No. We are assigned to a region that covers specific facilities. The facility has a calendar of who is on call and will call that SANE directly if an exam is needed."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

The Auditor interviewed five inmates who reported sexual abuse. Of the five interviewed, two reported they had forensic examinations. They reported this was done onsite.

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility." (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as SCCC.

The Auditor interviewed five inmates who reported sexual abuse to SCCC. All five reported they were offered advocacy services.

f) NA MDOC/SCCC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SCCC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, SCCC has had 50 allegations of sexual abuse or sexual harassment. All 50 allegations resulted in administrative investigations.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, SCCC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c) SCCC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While SCCC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment." (Page 8)

d) MDOC policy D1-8.13 states, "All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file." (Page 8)

SCCC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed ten staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) SCCC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors' acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

While onsite the Auditor reviewed eight training records of volunteers and contractors finding all eight had received the required PREA training.

Based on the evidence provided through policy, interviews, and documentation review, SCCC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) SCCC reports 326 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA

site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment.” (Page 12)

Intake staff at SCCC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later.

All inmates interviewed reported receiving PREA information the first day they arrived at SCCC.

e) SCCC documents all inmate education. While onsite the Auditor reviewed the records of 36 inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of SCCC, the Auditor observed PREA information signs and way to report posted in every housing unit and all building inmates have access to work, receive education and programs as well as visitation. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SCCC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigator. Both investigators report receiving specialized training as well as the required departmental training.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) While onsite the Auditor was provided proof of certificates for SANE training for six nurses.

c) The Auditor reviewed 30 training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at SCCC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history, and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

SCCC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of 10 inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) SCCC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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MDOC/SCCC uses information from the AIRA (risk screening instrument required by 115.41) to inform housing, bed, work, education, and program assignments. SCCC makes individualized determinations about how to ensure the safety of each inmate.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

Interviews with staff who conduct the AIRA supported this practice.

SCCC administration reports the AIRA is used to determine housing, job placement and program. The main goal is to keep the Alphas and Sigmas separated for protection.

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6 month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk

assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

SCCC's Transgender Committee will meet within ten days after a transgender arrives at the facility to make sure their needs are being met.

Interviews with staff who conduct the AIRA support this practice.

The Auditor interviewed four transgender inmates. Each inmate interviewed reports they meet with the transgender committee. They state they are pleased with their housing and that they have been asked about their safety. The Auditor reviewed the transgender committee notes and found this supported the information provided to the Auditor.

h) SCCC does not have dedicated wings to house gay, bisexual, transgender, or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the previous 12-month reporting period SCCC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

The Auditor reviewed five notification checklists and found no victim had been placed in involuntary segregation.

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) SCCC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

SCCC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

SCCC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service. This was supported by interviews with staff.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SCCC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/SCCC has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

a) MDOC/SCCC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

It should be noted the Offender Grievance policy is available to all inmates in the library of SCCC.

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

SCCC has had two grievances filed alleging sexual abuse in the past 12 months. Both grievances reached final decision within 90 days after being filed.

SCCC also utilizes a "Grievance PREA Tracking Log" to ensure timeframes are met.

e) This same policy states, “Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.” (Pages 17 -18)

f) This same policy also states, “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department’s determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure.” (Pages 18 – 19)

g) The grievance policy also states, “No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals.” (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SCCC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse.

a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented, and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations." (Pages 20 -21)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse and Incest National Network (RAINN). Inmates at SCCC can contact these agencies for emotional support. The flyer is available in English and Spanish.

The Auditor interviewed five inmates who reported sexual abuse to SCCC. All inmates reported they were offered victim advocacy services.

Interview with inmates reported they knew there were services available to them outside of the facility; however, they could not name the resource. Most stated they seen that information in the PREA flyer they received at intake.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for inmates' access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

SCCC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SCCC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent

necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC requires all staff to report immediately any knowledge, suspicion or information regarding sexual abuse or sexual harassment of an inmate in their custody.

a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In the past 12 months, SCCC has had zero instances where the facility determined an inmate was at substantial risk of imminent sexual abuse.

a) MDOC Policy D1-8.13 states, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger. They also reported they would also pull that inmate aside to ensure their safety will notifying their supervisor.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

SCCC received five reports for sexual abuse from another confinement facility. All allegations were referred for investigation.

SCCC has received any incidents requiring notifications to an outside agency in the past 12 months.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a first responder policy for allegations of sexual abuse.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

SCCC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been five non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder. Most staff showed the Auditor their card.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SCCC is found to have met the standard for staff first responder duties.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) SCCC has a formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In the past 12 months, SCCC has had zero instances of retaliation against inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations.

a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff member a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible, retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If

released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Site Coordinator is responsible for monitoring retaliation at SCCC.

The Auditor reviewed three retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC has policy prohibiting the placement of inmates who alleged to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

In the past twelve months, there have been no instances where an inmate was placed in involuntary segregation due to having suffered sexual abuse.

a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the

first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution.” (Page 16)

This same policy continues, “If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender’s safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

SCCC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Garrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigator. Both investigators report receiving specialized training and the required departmental PREA training.

The Auditor reviewed three administrative files and found they met all requirements of MDOC policy and this standard.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

Interviews with investigators report they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

All investigators interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

All investigators interviewed reported notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

b) NA MDOC/SCCC is responsible for conducting administrative and criminal investigations.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to

sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

d) This policy also states, “Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

The Auditor interviewed five inmates who reported sexual abuse to SCCC, four out of five inmates reported they were notified of the outcome of their investigations.

e, f) MDOC D1-8.13 states, “The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department’s PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends.” (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SCCC has had two instances where a staff member violated MDOC sexual abuse or sexual harassment policies. One staff member was terminated (or resigned prior to termination) for violating MDOC sexual abuse or sexual harassment policies.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Warden states, any contractor or volunteer who violates sexual abuse policies would be restricted from the institution while being investigated.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates at MDOC are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt

when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

b) This same policy states, “Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

c) This policy states, “The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

d) MDOC policy states, “Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, “An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, “The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SCCC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, "If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated

response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening.” (Page 3)

There were no inmates who would report to the Auditor that they reported sexual abuse during the AIRA.

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Auditor reviewed ten completed AIRA's while onsite. Based on the requirements listed in the PREA Risk Assessment Manual, mental health referrals are required. Auditor reviewed documentation showing referrals were made to mental health when required.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SCCC is found to have met the standard for medical and mental health screenings, history of sexual abuse.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of SCCC.

This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SCCC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SCCC zero instances where the perpetrator of sexual abuse was referred to mental health.

a, f) SCCC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) SCCC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report that while they have specific protocols they must follow, they are allowed to use some judgement when treating victims of sexual abuse.

c) SCCC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe their level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA SCCC is an all-male facility.

g) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SCCC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SCCC has completed ten sexual abuse incident reviews (debriefings) in the past twelve months.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

The PREA Site Coordinator states, "Should any unsubstantiated or substantiated sexual abuse investigation be received a debriefing would be held outlining in detail the findings of the debriefing session and recommendations for improvements utilizing the PREA sexual abuse debriefing form and signed by the PREA site coordinator, Health Services Administrator, the investigator and the shift supervisor."

The Auditor reviewed seven debriefings and found they were conducted per MDOC policy and meets the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/SCCC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) NA Neither MDOC nor SCCC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2019 MDOC PREA Annual Reports and the 2019 Survey of Sexual Victimization. In addition, the Auditor was provided copies of SCCC's 2020 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC obtains incident-base and aggregated data from every facility it operates.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2019 MDOC PREA Annual Reports and the 2019 Survey of Sexual Victimization. In addition, the Auditor was provided copies of SCCC's 2020 PREA Annual Report.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2019 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, SCCC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of SCCC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received two letters from SCCC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SCCC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It's clear that SCCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of SCCC leadership as well as the knowledge the staff demonstrated of PREA. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the Auditor presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. SCCC was found to be in compliance with all PREA standards.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

April 26, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report May 10, 2021

Auditor Information

Name: Elisabeth Copeland	Email: lisa@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: P. O. Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 713-818-9098	Date of Facility Visit: April 20 - 21, 2021

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Tipton Correctional Center

Physical Address: 619 North Osage Avenue

City, State, Zip: Tipton, MO 65081

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐

Military

☐

Private for Profit

☐

Private not for Profit

☐

Municipal

☐

County

☒

State

☐

Federal

Facility Type:

☒

Prison

☐

Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐

ACA

☐

NCCHC

☐

CALEA

☐

Other (please name or describe: Click or tap here to enter text.

☐

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Brock VanLoo

Email: brock.vanloo@doc.mo.gov

Telephone: 660-433-2031 ext. 2222

Facility PREA Compliance Manager

Name: Cybelle Weber, Deputy Warden of Offender Management

Email: cybelle.webb@doc.mo.gov

Telephone: 660-433-2031 ext. 2225

Facility Health Service Administrator ☐ N/A

Name: Cherrika Buckner-Jefferson

Email: cherrika.buckner-jefferson@doc.mo.doc

Telephone: 660-433-2031 ext. 2253

Facility Characteristics		
Designated Facility Capacity:	796	
Current Population of Facility:	704	
Average daily population for the past 12 months:	792	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 years old through elderly	
Average length of stay or time under supervision:	311 days	
Facility security levels/inmate custody levels:	C-1 Minimum	
Number of inmates admitted to facility during the past 12 months:	748	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	748	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	735	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	215	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	62
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	23
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	22
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	9
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	8
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	50
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 1 facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Tipton Correctional Center (TCC) on March 2, 2021 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on April 19 - 20, 2021.

The Auditor received a flash drive containing TCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum, and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Deputy Warden (Site Coordinator) Cybelle Webber as well as other Executive Team members. After the initial meeting, a detailed tour was provided to the Auditor.

Site Coordinator Cybelle Webber lead the onsite tour. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. In all housing units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected staff, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected several inmates from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Inmates who are Limited English Proficient and Inmates who Reported Sexual Abuse During the Risk Screening. A total of 30 inmates were selected to be

interviewed. Five inmates refused to be interviewed. TCC provided confidential locations in the training center for the auditing team to interview inmates.

TCC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. The Site Coordinator was readily available to answer any questions and assist in any way. Staff at TCC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 25 inmates that had various lengths of stay this number also included two inmates who wrote letters to the Auditor. In addition, the Auditor interviewed a total of 25 staff to include the Agency Head, Statewide PREA Coordinator, Site Coordinator, Medical Staff, Mental Health Staff, Human Resources staff, Grievance Officer, Upper-Level Supervisors, Intake Staff, Staff who Perform Risk Screening, staff who Monitor Retaliation, members of the Debrief Team, Investigators, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On May 10, 2021, the PREA audit report was submitted to the PREA Resource Center and copies were sent to MDOC's statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Tipton Correctional Center (TCC) is in Tipton, Missouri. TCC consists of 22 buildings. Inmate housing, which consists of nine housing units which includes eight open bay/dorm style units and one segregation unit with 50 cells.

TCC receives offenders sentenced to the Missouri Department Corrections.

The current population at TCC is 704 adult male offenders. During the past 12 months 748 offenders have been admitted to this facility. Of this number, 735 admitted had a length of stay longer than thirty days. The age range of the current offender population is 18 years of age through the elderly with custody level being C-1 (minimum custody).

TCC has 215 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at TCC. In addition to its 278 employees, TCC also has 23 volunteers who are currently authorized to enter the facility. There are 10 investigators across the State of Missouri with one facility investigators at TCC.

TCC is located within a secure perimeter. The facility has the official capacity to house 796 male

offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: [Click or tap here to enter text.](#)

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor. A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) TCC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of

probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher.”

TCC’s PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to TCC’s Warden. The Auditor was provided a copy of TCC’s organizational chart outlining this chain of command.

TCC’s PREA Site Coordinator reports she has enough time to manage her PREA related responsibilities in addition to her responsibilities as Deputy Warden. She states she uses a staff newsletter to share PREA articles every month. She also ensures PREA is included in annual training, speaks with supervisors, ensures signs are up throughout the buildings and that staff have their First Responder card on their person.

Staff reported the TCC takes zero-tolerance very seriously. Each staff person interviewed knew their roles in responding, preventing and detecting sexual abuse. Most staff interviewed also showed the Auditor their card containing information to their role in TCC’s coordinated response. Inmates interviewed reported PREA information is “everywhere.”

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, TCC is found to have met the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCC does not contract with other agencies/facilities to house inmates assigned to TCC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☒ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan and where applicable, video monitoring, to protect inmates against sexual abuse.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

TCC's staffing plan is predicated on the design capacity of the facility which is 796. The facility's administration report TCC has never been over capacity. TCC's current population is 704.

All facility staffing plans for are developed at Central Office and meets the requirements of this standard.

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

Both the Warden and the PREA Site Coordinator report TCC conducts camera reviews once a year to determine where staff are needed. They advise TCC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of 2020 report filed by TCC showing compliance with the staffing plan.

The Auditor reviewed the 2020 PREA Annual Report filed by TCC. These reports cover all sexual abuse and sexual harassment allegations filed in that calendar year, camera monitoring reviews, staffing plan compliance, and any correction action TCC made to maintain compliance with the PREA standards.

While camera and video monitoring are included in TCC's PREA Annual Reports, TCC does file a separate annual report specifically for this topic.

(b) There have been no deviations from TCC's staffing plan in the past 12 months.

(d) TCC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure." (page 6)

The Auditor interviewed two upper-level supervisors. Supervisors are required to check each area of the facility at least once a month. The checks are documented on a spreadsheet with the date, time and their signature, when a check is completed. Supervisors are also required to sign into each housing unit when conducting these announced rounds.

The Auditor reviewed random housing units sign in sheets and found unannounced rounds are being conducted on every shift in every housing unit.

Each supervisor reports they have not had an incident where staff were alerted at other housing units when these rounds were conducted.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, TCC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a)(c) TCC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

TCC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A TCC is a male only facility.

(d) MDOC/TCC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as "PREA Announcements" on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

While touring TCC the Auditor heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty.

All inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower and restroom areas in the housing units, the Auditor found the following:

- Housing Unit 19 (Segregation)\

This housing unit contains two tiers of single man and two-man cells. The single man cells are used as close observation cells for inmates on suicide watch. The single man cells also contain a camera. This unit has eight individual showers with the lower portion of the shower door consisting of solid metal. The top portion of the shower door contains wire mesh. All showers have appropriate coverage in place to ensure privacy for the inmate. This unit also contains one strip out room with appropriate barriers. Inmates assigned to this housing unit are stripped out one at a time away from other inmates.

- General Population Housing Units

These housing units are designed in the same format. They have an open bay/dorm style format with bunkbeds. Each housing unit has two sides with an officer station sitting in the middle. Behind the officer station, each side has access to their own shower and restroom area. Each side has five individual shower stalls separated by half walls; five open toilets also separated by a half wall. Toilets and showers face a solid wall. Each housing units have cameras in place as well as 360 mirrors that face the shower/restroom area and can be easily viewed by staff at the officer station. The Auditor viewed this mirror and determined inmates cannot be viewed showering or while toileting.

Restrooms located in the MVE-Chair Factory, Medical, Canteen, Clothing Issue, Laundry, Chapel, Education, Maintenance, Recreation and Food Service are designed for one inmate at a time. Each area has privacy for the inmate while allowing staff to ensure safety. In all areas staff assigned to supervise inmates were able to explain to the Auditor how they ensure inmates who are at a higher risk to be sexually victimized are kept safe.

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in

accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center.” (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, “If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members.” (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, “The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician.” (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this Audit, there were no transgender or intersex inmates at the facility. This information was confirmed through interviews with medical staff, random staff, and inmates.

(f) MDOC policy D1-8.13 states, “Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs.” (Page 13)

TCC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, TCC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of MDOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

On the days of the onsite portion of this audit, there were no hearing-impaired or deaf inmates assigned to TCC.

TCC reported there were no inmates with cognitive disabilities.

During the tour of TCC, signs were posted throughout the facility providing inmates who are hard of hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interpretek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

TCC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at TCC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

TCC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

The Auditor interviewed two inmates who were identified as being Limited English Proficient. Both inmates report they were given PREA information in the language they understand. They also advise they feel safe at TCC.

During the tour of TCC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All TCC staff interviewed supported this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, TCC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

A representative from human resources states, "Yes, we do. However, we rarely get the information or details during a background check. If they allude to a PREA incident, based on that alone, we do not hire them." The representative also states, "All legal issues must be reported."

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence." (Page 18)

c, d, e) MDOC policy D1-8.13 states, "Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations." (Page 7)

A representative from human resources states, "Yes, before they come to work. We then do one annually on their birth month. We also do another background check when they get promoted." The representative added, "We use MULES (Missouri Uniform Law Enforcement System, NCIC and CaseNet." CaseNet is computer system used to check local court filings.

While onsite, the Auditor reviewed ten employees' files and found criminal background checks have been completed per this standard.

g) The human resource representative states, "Any inquiries about former employees are not handled at the facility level. This is referred to Central Office."

Based on the evidence provided through policy, staff interviews, and documentation, TCC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) TCC has not modified or expanded its facility or acquired additional buildings since their last PREA audit.

b) TCC has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the date of their last PREA audit.

Based on the evidence provided through policy and the tour of the facility, TCC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All TCC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE

staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions.” (Page 17)

In the past 12 months, there have been zero forensic medical exams, SANE/SAFE’s, or exams performed by qualified medical practitioner on inmates assigned to TCC.

There were no SANE nurses onsite during the onsite portion of this audit.

The Statewide PREA Coordinator reports, “Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department’s medical contract with Corizon.”

The Auditor reviewed Corizon’s Contractual Requirement document. It states, “Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers.” (Page 43)

d, e) MDOC policy D1-8.13 states, “Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as TCC.

The Site Coordinator reports, "Everyone gets an advocate, even if they report a sexual harassment allegation. Our Institutional Activities Coordinator is trained advocate, and we also have services with a group out of Sedalia."

There were no inmates onsite to be interviewed who had reported sexual abuse in the past 12 months.

f) NA MDOC/TCC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, TCC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, TCC has had seven allegations of sexual abuse or sexual harassment. All seven allegations resulted in administrative investigations with no allegations rising to the level of a criminal investigation.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, TCC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c) TCC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While TCC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are

reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment.” (Page 8)

d) MDOC policy D1-8.13 states, “All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file.” (Page 8)

TCC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed ten staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) TCC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractor's acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

While onsite the Auditor reviewed two training records of volunteers finding all both had received the required PREA training.

Based on the evidence provided through policy, interviews, and documentation review, TCC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c, d) TCC reports 735 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

Intake staff at TCC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later.

All inmates interviewed reported receiving PREA information the first day they arrived at TCC.

e) TCC documents all inmate education. While onsite the Auditor reviewed the records of 36 inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of TCC, the Auditor observed PREA information signs and way to report posted in every housing unit and each building. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, TCC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. This investigator reports receiving specialized training and the required MDOC training on sexual abuse.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or

suspensions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)

☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)

☒ Yes ☐ No ☐ NA

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) The Auditor was provided proof of certificates for SANE training for six nurses.

c) While onsite the Auditor reviewed ten training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at TCC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

TCC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of ten inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) TCC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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MDOC/TCC uses information from AIRA (the risk screening instrument required by 115.41) to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

Interviews with staff supported this practice.

The Site Coordinator reports the AIRA is used to determine housing, job placement and program. There main goal is to keep the Alphas and Sigmas separated for protection.

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6-month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include

information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Site Coordinator makes sure facility the Transgender Committee meets with any transgender inmate shortly after arriving at the facility to make sure their needs are being met.

Interviews with staff who conduct the AIRA support this practice.

There were no transgender inmates assigned to TCC during the onsite portion of this audit. This was confirmed through interviews with staff and administration.

h) TCC does not have dedicated wings to house gay, bisexual, transgender or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the previous 12-month reporting period TCC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged, and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

Interviews with segregation staff confirms this practice.

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☐ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) TCC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

TCC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

TCC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, TCC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/TCC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

It should be noted the Offender Grievance policy is available to all inmates in the library of TCC.

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

TCC has had no grievances filed alleging sexual abuse in the past 12 months.

TCC also utilizes a "Grievance PREA Tracking Log" to ensure timeframes are met.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site

coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented, and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations." (Pages 20 -21)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse and Incest National Network (RAINN). Inmates at TCC can contact these agencies for emotional support. The flyer is available in English and Spanish.

TCC has attempted to enter a MOU with True North Crises Center for local advocacy services. However, this agency has declined to provide services. The Auditor has reviewed communication between MDOC and True North Crises Center verifying this information.

There were no inmates at TCC who have reported sexual abuse onsite during this portion of the audit.

Interview with inmates reported they knew there were services available to them outside of the facility; however, they could not name the resource. Most stated they seen that information in the PREA flyer they received at intake or posted in the housing units.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for inmates' access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

TCC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, TCC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, “Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.” (Page 6)

All staff interviewed state “confidentiality” and “zero-tolerance” are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8I.13 states, “When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. “If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.” (Page 17)

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger. They also reported they would also pull that inmate aside to ensure their safety will notifying their supervisor.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

TCC received one report for sexual abuse from another confinement facility. The Auditor reviewed documentation and found the coordinated response was initiated in a timely manner. The allegation was also referred for investigation.

TCC has not received any incidents requiring notifications to an outside agency in the past 12 months.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

TCC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder. Most staff showed the Auditor their card.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, TCC is found to have met the standard for staff first responder duties.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) TCC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff member a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible, retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Site Coordinator is responsible for monitoring retaliation at TCC.

The Auditor reviewed three retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution." (Page 16)

This same policy continues, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.

The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

TCC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators' procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Garrity, sexual abuse

evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. The investigators report they received specialized training as well as the required MDOC training on sexual abuse.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

The investigator reports they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

The investigator interviewed report they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

The investigator interviewed reports notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

b) NA MDOC/TCC is responsible for conducting administrative and criminal investigations.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

TCC had no inmates who reported sexual abuse onsite to interview during this portion of the audit.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

TCC had no inmates who reported sexual abuse onsite to interview during this portion of the audit.

e, f) MDOC D1-8.13 states, "The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter but shall have the right to decline the letter. The original notification shall be forwarded to the department's PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends." (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)
- b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)
- c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)
- d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

- e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)
- f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.
- g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, "If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening." (Page 3)

The Auditor interviewed one inmate who reported sexual abuse during the AIRA. He advised he was offered mental health services immediately following the assessment.

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Auditor reviewed ten completed AIRA's. Based on the requirements listed in the PREA Risk Assessment Manual, mental health referrals are required. Auditor reviewed documentation showing referrals were made to mental health.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, TCC is found to have met the standard for medical and mental health screenings, history of sexual abuse.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of TCC.

This same MDOC policy states, “If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.” (Page 17)

c) This same policy states, “Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate.” (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, TCC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether*

such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f) TCC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) TCC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report that while they have specific protocols they must follow, they are allowed to use some judgement when treating victims of sexual abuse.

c) TCC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe their level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA TCC is an all-male facility.

g) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, TCC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCC has had no substantiated sexual abuse investigation during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

The Auditor reviewed four debriefings and found all were conducted per MDOC policy and meet the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall

indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) NA Neither MDOC nor TCC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2020 MDOC PREA Annual Reports and the 2019 Survey of Sexual Victimization. In addition, the Auditor was provided copies of TCC's 2020 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2020 MDOC PREA Annual Reports and the 2019 Survey of Sexual Victimization. In addition, the Auditor was provided copies of TCC's 2020 PREA Annual Report.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2020 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According to the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, TCC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of TCC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received three letters from TCC inmates. However, only two were onsite during this portion of this audit.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, TCC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of TCC leadership as well as the knowledge the staff demonstrated of PREA. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

Inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and

documentation. They articulated the coordinated response and the expectations that staff would follow all policies.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. TCC was found to be in compliance with all PREA standards.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

May 10, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report June 1, 2021

Auditor Information

Name: Elisabeth Copeland	Email: lisa@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: P. O. Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 713-818-9098	Date of Facility Visit: April 26 – 28, 2021

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Western Reception Diagnostic Correctional Center

Physical Address: 3401 Faraon Street

City, State, Zip: St. Joseph, MO 64506

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Type:

☒ Prison

☐ Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Ryan Brownlow

Email: ryan.brownlow@doc.mo.gov

Telephone: 816-387-2158

Facility PREA Compliance Manager

Name: Jacqueline Boyer

Email: Jacqueline.boyer@doc.mo.gov

Telephone: 816-387-2158

Facility Health Service Administrator ☐ N/A

Name: Machele Wallace

Email: machele.wallace@doc.mo.doc

Telephone: 816-387-2158

Facility Characteristics		
Designated Facility Capacity:	1968	
Current Population of Facility:	1386	
Average daily population for the past 12 months:	1754	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 to over 79	
Average length of stay or time under supervision:	7 months	
Facility security levels/inmate custody levels:	Minimum to Maximum (C1 – C5)	
Number of inmates admitted to facility during the past 12 months:	24113	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2411	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2051	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	458	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	80
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	21
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	21
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	86
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	19
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	4
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	4
Number of open bay/dorm housing units:	13 within 3 buildings
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	72
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 1 facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of March 23, 2021 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on April 26 – 28, 2021.

The Auditor received a flash drive containing WRDCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum, and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Deputy Warden (Site Coordinator) Jacqueline Boyer as well as other Executive Team members. After the initial meeting, a detailed tour was provided to the Auditor. The Statewide PREA Coordinator also participated in the tour.

Site Coordinator Jacqueline Boyer lead the onsite tour. The tour began with Food Services and moved throughout the property. The Auditor viewed camera placements and inmate showers and restrooms in each building. PREA reporting information was clearly marked on bulletin boards in each living unit. In all housing units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, receiving, medical area, recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on bulletin boards and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected several inmates from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Inmates with Disabilities, Inmates who are Limited English Proficient, Inmates who Identify as Gay, Bisexual, and Transgender, and Inmates who Reported Sexual

Abuse During the Risk Screening. A total of 40 inmates were selected to be interviewed. Of these 40 inmates, four inmates refused to participate in the audit process. WRDCC provided confidential locations in the training center for the Auditor to interview inmates.

WRDCC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at WRDCC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

The Auditor interviewed a total of 24 staff to include the Agency Head, Statewide PREA Coordinator, Site Coordinator, Medical Staff, Mental Health Staff, Human Resources staff, Upper-Level Supervisors, Intake Staff, Staff who Perform Risk Screening, staff who Monitor Retaliation, members of the Debrief Team, Investigators, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On June 1, 2021, the PREA audit report was submitted to the PREA Resource Center and copies were sent to MDOC's statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Western Reception and Diagnostic Correctional Center (WRDCC) is in St. Joseph, Missouri. WRDCC consists of 19 buildings. Inmate housing, which consists of four housing units. Three housing units consist of an open bay/dorm style layout. One housing unit consists of 72 segregation cells.

WRDCC receives offenders sentenced to the Missouri Department Corrections (MDOC). It acts as the reception and diagnostic unit for Western Missouri.

The current population at WRDCC is 1,386 adult male offenders. This population is a mixture of new admissions to the MDOC, inmates sentenced to treatment and inmates who are permanently assigned to WRDCC. During the past 12 months 2,411 offenders have been admitted to this facility. Of this number, 2,051 admitted had a length of stay longer than thirty days. The average age range of the current offender populations is 18 to 79 years of age. WRDCC houses all custody levels.

WRDCC has 458 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at WRDCC. In addition to its 458 employees, WRDCC also has 107 volunteers and individual contractors who are currently authorized to enter the facility. There are 10 investigators across the State of Missouri and one facility investigator at WRDCC.

WRDCC is located within a secure perimeter. The facility has the official capacity to house 1,968 male offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: [Click or tap here to enter text.](#)

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor. A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) WRDCC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of

probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher.”

WRDCCs PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to WRDCCs Warden. The Auditor was provided a copy of WRDCCs organizational chart outlining this chain of command.

WRDCCs PREA Site Coordinator reports she has enough time to manage her PREA related responsibilities in addition to her responsibilities as Deputy Warden. She states she uses section head meetings, staff trainings on “hot topics,” trainings with the sergeants, lieutenant, and captain trainings as well as trainings in the housing units to help maintain compliance at the facility.

She reports staff will bring situations to her attention that could cause noncompliance. She shared an example of a barrier in a shower area that need to be adjusted. She states she responded by getting it immediately fixed.

Each staff person interviewed knew their roles in responding, preventing, and detecting sexual abuse. Inmates interviewed reported PREA information is “on the walls.” They also reported they felt staff would take a report of sexual abuse seriously.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, WRDCC is found to have met the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WRDCC does not contract with other agencies/facilities to house inmates assigned to WRDCC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes
☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☐ No ☒ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan and where applicable, video monitoring, to protect inmates against sexual abuse.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

WRDCCs staffing plan is predicated on the design capacity of the facility which is 1,968 inmates. The facility's administration report WRDCC has never been over capacity. WRDCCs current population is 1,386.

All facility staffing plans for are developed at Central Office and meets the requirements of this standard.

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

WRDCC conducts camera reviews once a year to determine where staff are needed. WRDCC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of 2020 report filed by WRDCC showing compliance with the staffing plan.

The Auditor reviewed the 2020 PREA Annual Report filed by WRDCC. These reports cover all sexual abuse and sexual harassment allegations filed in that calendar year, camera monitoring reviews,

staffing plan compliance, and any correction action WRDCC made to maintain compliance with the PREA standards.

(b) There have been no deviations from WRDCCs staffing plan in the past 12 months. WRDCC is currently 168 officers below staffing levels. To compensate for this deficit, case management staff and upper-level supervisors work overtime covering any open correction officer shifts.

(d) WRDCC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure." (page 6)

Language requiring unannounced rounds also appears in WRDCCs post orders for Shift Supervisor (Captain), Assistant Shift Supervisor (Lieutenants) and Housing Unit COI.

The Auditor interviewed two upper-level supervisors. Supervisors are required to check each area of the facility at least once a month. The checks are documented on a spreadsheet with the date, time, and their signature, when a check is completed. Supervisors are also required to sign into each housing unit when conducting these announced rounds.

The Auditor reviewed random housing units sign in sheets and found unannounced rounds are being conducted on every shift in every housing unit.

Each supervisor reports they have not had an incident where staff were alerted at other housing units when these rounds were conducted.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, WRDCC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WRDCC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a)(c) WRDCC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

WRDCC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2018. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A WRDCC is a male only facility.

(d) MDOC/WRDCC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as "PREA Announcements" on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

CONCERN: While touring WRDCC the Auditor noticed the "Female staff are on duty" sign was posted on the bulletin board in each living area. These signs were printed on white paper and were covered or partially covered by other information. While visiting with staff, it was learned the announcement of "female staff on duty" was made every day, every shift, no matter if female staff was assigned to that housing unit for that shift. It was also learned this cross-gender announcement was made by the housing control center. Housing units at WRDCC have multiple floors; however, there is only one control center and it is located on the first floor.

According to a 2016 directive to all wardens, cross gender announcements are to be made in the following manner, "When a cross gender staff member is assigned to the living quarters for the duration of the shift, the cross-gender announcement shall be made at the beginning of each shift. If no cross-gender staff members are assigned to a living quarters, an announcement shall be made every time a cross gender staff member enters the area. All announcements must be logged on the chronological log by the person making the announcement."

Most inmates interviewed reported they only heard the PREA announcement on occasion. The majority also reported they would assume female staff were on duty because "this is prison."

It was determined that not only was WRDCC not following MDOC policy, but inmates were also not being accurately notified when female staff will be present in the housing unit.

The Auditor brought this concern to the WRDCC's executive staff and asked the practice of cross-gender announcements to be modified to fit MDOC policy and to fit the spirit of this standard. If this information could be provided to the Auditor before an interim report was required to be filed with the PREA Resource Center, this standard would be found to be compliant.

FACILITY RESPONSE: WRDCC provided the Auditor with the following changes to their practice on May 25, 2021.

A memo was sent to all section heads notifying them of the change of practice. This memo, sent by the Site Coordinator, notified staff of the following, "Module Officers only make the cross gender announcement at the beginning of your shift when you have a cross gender assigned to your house on an offender wing/living area. If no cross gender staff is assigned to an offender wing/living area no announcement until a cross gender comes into the unit. All cross gender staff need to report to the module first and at that time the module officer will make the announcement and document on the chronological log. This is to be documented each and every time a cross gender staff enters into the offender wing/living unit until a cross gender staff is assigned to the housing unit...Cross gender posters are only for offender wing/living area are to be posted only when a cross gender staff is on the wing."

WRDCC also provided multiple examples of chronological logs from housing units documenting when a cross gender announcement was made when female staff was assigned to the unit and when they were not. If no female staff were assigned to the unit, staff documented the announcement was not made.

The Tour:

While observing the shower and restroom areas in the housing units, the Auditor found the following:

Food Service

Inmate worker restroom contains a toilet and a urinal. Each are behind a partition to ensure privacy.

Building 13 (Work Release Strip Out)

This is a gender specific post. All work release inmates are stripped out one at a time before they enter the facility. Strip outs are conducted behind a moveable barrier to ensure privacy from other inmates. This building has no inmate restroom.

Lower Warehouse

This building stores facility supplies and has inmate workers. The inmate restroom is located behind a solid door. Only one inmate at a time is allowed.

Building 9 (Library, Education, Canteen)

The library contains one inmate restroom. This restroom has multiple stalls with appropriate barriers in place to ensure privacy.

Education contains multiple classrooms with large windows for easy viewing from the hallway. The inmate restroom has barriers in place with multiple stalls. While this restroom has multiple stalls, only one inmate at a time can enter.

Inmate workers in the canteen have access to one inmate restroom. This restroom is always locked. Inmate workers must have a staff member unlock the restroom for use. Only one inmate at a time is allowed to enter.

Building 7 (Sheet exchange, Laundry, Clothing Exchange, and Powerhouse)

The laundry area has an open floor plan and utilizes mirrors in the corners to aid in eliminating any potential blind spots. This area has one inmate restroom with barriers in place. The entrance to the inmate restroom contains a swinging “saloon style” half door.

Inmate clothing exchange has a change out room attached. This room does have cameras. However, inmates are only allowed to strip down to their boxers. No one is every fully unclothed in this room. Transgender inmates can take their new clothing to their rooms so they may change in private. The inmate restroom is behind a swinging “saloon style” door. Only one inmate at a time can enter. Cameras are positioned to capture all inmates entering and leaving the restroom.

Auditor Concern and Facility Response: This area also contains a backroom used for storage and a second storage room. Each of these storage areas have multiple blind spots. While cameras were in place in the main storage room, they do not capture the room’s blind spots. The second storage room has no cameras. The female staff member assigned to this area escorts inmates back into these areas. This concern was brought to the Site Coordinator’s attention. She promptly contacted the shift supervisor. On the last day of the onsite portion of this audit, the Auditor was advised that new orders have been put in place stating female staff must remain in the doorway of the storage rooms, which is on camera, while male inmates enter to retrieve the necessary items.

The Powerhouse is operated twenty-four hours a day, seven days a week. Inmate workers are not allowed to work at night. This area has one inmate restroom. This restroom contains one toilet behind a secured barrier to ensure privacy.

Housing Unit 1 (Treatment)

This housing unit contains multiple floors of inmate living areas. Each floor contains two wings. One restroom contains multiple stalls, and another contains a single stall. Each stall has a curtain in front to ensure privacy. Each shower area consists of communal showering with a $\frac{3}{4}$ cement wall in front of the shower area. The entrance to the shower area is covered by a curtain.

This housing unit contains an inmate classroom. This classroom has one inmate restroom. This restroom contains a secured barrier to ensure privacy.

An inmate library is also a part of this housing unit. The library also leads to an indoor recreation area. This area contains an inmate restroom located behind a barrier. A curtain covers the entrance to the restroom.

This housing also contains a medical area where medical staff can address inmate sick calls. There is no inmate restroom in this area.

Building 4

This building houses WRDCC grounds crew. This is an open layout with no blind spots. It also contains one inmate restroom. This restroom is for single use and is located behind a solid door.

Property

This area contains one inmate restroom located in front of counter. This restroom is for single use and is located behind a solid door.

Recreation

This area contains an inmate restroom located across from the officers' desk. This restroom is open to multiple users and has fixed barriers in place to ensure privacy. Recreation also contains WRDCC's chapel. There are no inmate restrooms inside the chapel.

Receiving

This area is where new admissions to WRDCC enter the facility. This area contains holding cells with toilets behind barriers. Large windows allow staff to easily view the area. The window also partially frosted at the bottom to add an extra layer of privacy to inmates who use the toilet.

Showers are also present in this area. Showers are located behind a curtain for privacy.

All strip searches are done behind a barrier and are done one inmate at a time.

Housing Unit 6 and 11 (general population)

Each floor contains multiple occupancy rooms with bunk beds. Inmate restrooms and showers are located behind barriers. Each floor has an officer assigned with the control center located on the bottom floor.

Medical (located in Housing Unit 6)

This area contains staff offices and exam rooms. One inmate restroom is located here. This restroom is located behind a solid door.

Housing 10 (Diagnostic and Segregation Wings)

A, B, and C wings are diagnostic wings. D, E, F, and G are administrative segregation wings. Each wing has the same design.

Each wing contains two tiers of two-man cells. Each cell contains one toilet located at the front of the cell behind the sink.

Two showers are in each wing. These showers are single stalls with swinging doors at the entrance. The Auditor was advised if a transgender inmate is in this area, a taller moveable barrier is moved in front of the shower to prevent viewing by staff and other inmates.

The Segregation wings also have seven cells equipped with cameras. The Auditor viewed the camera footage from the control center and found all toilets were "blurred" and covered.

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in

accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center.” (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, “If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members.” (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, “The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician.” (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were no transgender or intersex inmates at the facility. This information was confirmed through interviews with medical staff, random staff, and inmates.

(f) MDOC policy D1-8.13 states, “Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs.” (Page 13)

WRDCC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, WRDCC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of MDOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

While onsite the Auditor interviewed four inmates with physical disabilities. This included one inmate who was hearing impaired and three inmates who used a cane to assist them in walking.

The hearing-impaired inmate reported being able to read his handbook. He also advised to having closed captioning on the television while watching a video discussing PREA.

During the tour of WRDCC, signs were posted throughout the facility providing inmates who are hard of hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interprettek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

WRDCC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at WRDCC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

WRDCC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of WRDCC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

The Auditor interviewed two inmates who were identified as limited English proficient. Spanish is their first language. Both inmates report receiving inmate handbooks in Spanish and seeing PREA posters in the housing units in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All WRDCC staff interviewed supported this this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, WRDCC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

Human resources report if an applicant alludes to an incident of sexual abuse in their past, they are not hired. These applicants are immediately discarded. Human resources report this also applies to employees who have applied for promotion.

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence." (Page 18)

c, d, e) MDOC policy D1-8.13 states, "Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations." (Page 7)

MDOC human resource departments use MULES (Missouri Uniform Law Enforcement System), NCIC and CaseNet to complete all criminal background checks. CaseNet is computer system used to check local court filings within the state.

While onsite, the Auditor reviewed a spread sheet maintained by human resources. This spread sheet tracks all background checks on new hires, employees up for promotion and all annual background checks for all current employees.

g) Human resources report any inquiries about former employees are not handled at the facility level. These requests are referred to Central Office."

Based on the evidence provided through policy, staff interviews, and documentation, WRDCC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) WRDCC has not modified or expanded its facility or acquired additional buildings since their last PREA audit.

b) WRDCC has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the date of their last PREA audit.

Based on the evidence provided through policy and the tour of the facility, WRDCC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All WRDCC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, change clothes or use the restroom until they were told they could do so.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

In the past 12 months, there have been zero forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on inmates assigned to WRDCC.

There were no SANE nurses onsite during the onsite portion of this audit.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility." (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as WRDCC.

The Site Coordinator reports, "Our chaplains are our first source for victim advocate services. If they are not available, we reach out to the YWCA."

There were no inmates onsite to be interviewed who had reported sexual abuse in the past 12 months. All inmates who reported sexual abuse have been transferred to other facilities within MDOC.

f) NA MDOC/WRDCC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WRDCC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, WRDCC has had 13 allegations of sexual abuse or sexual harassment. All allegations resulted in administrative investigations with ten allegations rising to the level of a criminal investigation.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, WRDCC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c) WRDCC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While WRDCC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment." (Page 8)

d) MDOC policy D1-8.13 states, “ All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file.” (Page 8)

WRDCC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed ten staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) WRDCC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

Based on the evidence provided through policy, interviews, and documentation review, WRDCC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) WRDCC reports 2,051 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

Intake staff a WRDCC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later.

While touring the Receiving area, intake staff gave a demonstration what inmates here and receive regarding PREA.

All inmates interviewed reported receiving PREA information the first day they arrived at WRDCC.

e) WRDCC documents all inmate education. While onsite the Auditor reviewed the records of ten inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of WRDCC, the Auditor observed PREA information signs and way to report posted in every housing unit and every building. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WRDCC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. This investigator reports receiving specialized training and the required MDOC training on sexual abuse.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) The Auditor was provided proof of certificates for SANE training for six nurses.

c) While onsite the Auditor reviewed random training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at WRDCC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

WRDCC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of ten inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) WRDCC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/WRDCC uses information from AIRA (the risk screening instrument required by 115.41) to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

Interviews with staff supported this practice.

The Site Coordinator reports the AIRA is used to determine housing, job placement and program. The main goal is to keep the Alphas and Sigmas separated for protection.

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6 month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include

information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Site Coordinator makes sure facility the Transgender Committee meets with all transgender inmates shortly after arriving at the facility to make sure their needs are being met.

Interviews with staff who conduct the AIRA support this practice.

The Auditor interviewed three transgender inmates. All inmates report meeting with the transgender committee and were satisfied with their housing arrangements. All inmates report they are asked about their own views of their safety.

h) WRDCC does not have dedicated wings to house gay, bisexual, transgender, or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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During the previous 12-month reporting period WRDCC has not placed any victim in involuntary segregated housing due to a PREA event. While onsite, no victims were placed in involuntary segregated housing.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☐ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) WRDCC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

WRDCC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

WRDCC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. However, when asked if it was situation where they may fear retaliation if they made that report, most staff reported they could use the C.L.E.A.R. Line if needed to report the abuse.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WRDCC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC/WRDCC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

It should be noted the Offender Grievance policy is available to all inmates in the library of WRDCC.

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

WRDCC has had no grievances filed alleging sexual abuse in the past 12 months.

WRDCC also utilizes a "Grievance PREA Tracking Log" to ensure timeframes are met.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal

resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available

to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations.” (Pages 20 -21)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse, and Incest National Network (RAINN). Inmates at WRDCC can contact these agencies for emotional support. The flyer is available in English and Spanish.

WRDCC currently has a MOU in place with the YWCA of St. Joseph to provide advocate services and crises intervention to inmate victims of sexual abuse. This MOU was signed in 2014 and is automatically renewed.

There were no inmates onsite who reported sexual abuse to WRDCC. While WRDCC did have allegations in the past 12 months, these inmates have since been transferred to other facilities throughout the state.

Interview with inmates reported they knew there were services available to them outside of the facility; however, they could not name the resource. Most stated they seen that information in the PREA flyer they received at intake or posted in the housing units.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for inmates’ access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

WRDCC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WRDCC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8I.13 states, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger. They also reported they would also pull that inmate aside to ensure their safety will notifying their supervisor.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department

intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

WRDCC has not received a report for sexual abuse from another confinement facility.

WRDCC has not received any incidents requiring notifications to an outside agency in the past 12 months.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

WRDCC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder. Most staff showed the Auditor their card.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WRDCC is found to have met the standard for staff first responder duties.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a) WRDCC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

The Auditor reviewed five closed PREA investigations and found the coordinated response had been initiated in each one according to policy and this standard.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff member a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving

institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Site Coordinator is responsible for monitoring retaliation at WRDCC.

The Auditor reviewed two retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution." (Page 16)

This same policy continues, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

WRDCC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. The investigator reports he received specialized training as well as the required MDOC training on sexual abuse.

The Auditor reviewed three administrative files and found they met all requirements of MDOC policy and this standard.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

The criminal investigator reports they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. They also advised they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

All investigators interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse

by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment.” (Pages 20, 21)

All investigators interviewed reported notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

b) NA MDOC/WRDCC is responsible for conducting administrative and criminal investigations.

c) This same policy states, “All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

While WRDCC had allegations made in the past 12 months, the inmates who reported sexual abuse where not onsite to interview during this portion of the audit.

d) This policy also states, “Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

While WRDCC had allegations made in the past 12 months, the inmates who reported sexual abuse where not onsite to interview during this portion of the audit.

e, f) MDOC D1-8.13 states, “The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department’s PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends.” (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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WRDCC has had two staff members terminated following a substantiated investigation during or reported to any law enforcement agency. Both of these staff members were reported to law enforcement and/or licensing boards following their termination.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law

enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations.” (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender-on-offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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WRDCC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period.

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, "If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening." (Page 3)

While the Auditor selected seven inmates WRDCC identified as reporting sexual abuse during the AIRA, only three inmates self-disclosed this report. These inmates all advised they were offered mental health services immediately following the assessment.

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Auditor reviewed ten completed AIRA's. Based on the requirements listed in the PREA Risk Assessment Manual, mental health referrals are required. Auditor reviewed documentation showing referrals were made to mental health.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WRDCC is found to have met the standard for medical and mental health screenings, history of sexual abuse.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of WRDCC.

This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WRDCC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f) WRDCC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) WRDCC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report that while they have specific protocols they must follow, they are allowed to use some judgement when treating victims of sexual abuse.

c) WRDCC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe their level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA WRDCC is an all-male facility.

g) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WRDCC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WRDCC had three substantiated or unsubstantiated sexual abuse investigations during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper-level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement, or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

The PREA Site Coordinator states, "Should any unsubstantiated or substantiated sexual abuse investigation be received a debriefing would be held outlining in detail the findings of the debriefing session and recommendations for improvements utilizing the PREA sexual abuse debriefing form and signed by the PREA site coordinator, Health Services Administrator, the investigator and the shift supervisor."

The Auditor reviewed three debriefings and found they were conducted per MDOC policy and meets the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) NA Neither MDOC nor WRDCC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2020 MDOC PREA Annual Reports and the 2018 Survey of Sexual Victimization. In addition, the Auditor was provided copies of WRDCCs 2021 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2020 MDOC PREA Annual Reports and the 2018 Survey of Sexual Victimization. In addition, the Auditor was provided copies of WRDCCs 2021 PREA Annual Report.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2020 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, WRDCC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.

b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.

h) The auditor had access to, and the ability to observe, all areas of WRDCC.

i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.

m) The Auditor permitted to conduct private interviews with inmates and staff.

n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor did not received letters from WRDCC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WRDCC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WRDCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of WRDCC leadership as well as the knowledge the staff demonstrated of PREA. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could

not remember the PREA video in its entirety, they did remember viewing it. Most inmates reported they knew opposite gender staff announcement was made at the beginning of each shift.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies.

WRDCC executive staff were quick to respond to the Auditor's concerns regarding cross gender announcements and having female staff enter storage areas with male inmates without maximum camera coverage. New practices were implemented to strengthen these areas of concern.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. WRDCC was found to be in compliance with all PREA standards.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

June 1, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Interim Audit Report: Click or tap here to enter text. ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: April 28, 2021

Auditor Information

Name: Elisabeth Copeland

Email: lisa@preauditing.com

Company Name: PREA Auditors of America, LLC

Mailing Address: P. O. Box 1071

City, State, Zip: Cypress, TX 77410

Telephone: 713-818-9098

Date of Facility Visit: March 11, 2021

Agency Information

Name of Agency: Missouri Department of Corrections

Governing Authority or Parent Agency (If Applicable): State of Missouri

Physical Address: 2729 Plaza Drive

City, State, Zip: Jefferson City, MO 65102

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency Website with PREA Information: <http://docintranet.ads.state.mo/Division/OD/PREA.htm>

Agency Chief Executive Officer

Name: Anne Precythe

Email: Anne.Precythe@doc.mo.gov

Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm

Email: Vevia.Sturm

Telephone: 573-522-3335

PREA Coordinator Reports to:

Matt Briesacher, Office of Professional Standards

Number of Compliance Managers who report to the PREA Coordinator:

0

Facility Information

Name of Facility: Farmington Community Supervision Center

Physical Address: 1430 Doubet Street

City, State, Zip: Farmington, MO 63640

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Website with PREA Information: <https://doc.mo.gov/programs/PREA>

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Facility Director

Name: Cora Haynes

Email: core.haynes@doc.mo.gov

Telephone: 573-218-5006

Facility PREA Compliance Manager

Name: Cora Haynes

Email: cora.haynes@doc.mo.gov

Telephone: 573-218-5006

Facility Health Service Administrator ☒ N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

40

Current Population of Facility:

16

Average daily population for the past 12 months:

29

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 -59	
Average length of stay or time under supervision	91 days	
Facility security levels/resident custody levels	Field Supervision	
Number of residents admitted to facility during the past 12 months	122	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	120	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	97	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	47	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	9	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	34	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	3
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	0
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	1
Number of open bay/dorm housing units:	1
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Farmington Community Supervision Center (FCSC) on February 8, 2021 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on March 11 - 12, 2021.

The Auditor received a flash drive containing FCSC'S Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Director Cora Haynes. After the initial meeting, a detailed tour was provided to the Auditor.

The Director lead the onsite tour for the Auditor and the Statewide PREA Coordinator. The tour began with the day room/dining area. The tour also included the kitchen, program rooms, living areas, showers and restrooms, outside recreation and the officer control post. The Auditor viewed camera placements and observed cross-gendered announcements being made to residents who remained onsite.

Immediately after the tour, the Auditor was provided with staff rosters. The Auditor then randomly selected staff who were available to be interviewed.

After the tour, the Auditor was provided a list of FCSC residents. FCSC had no targeted resident population assigned to the center. FCSC did provide a confidential location for the Auditor to interview the residents.

FCSC also provided appropriate accommodations for the Auditor to conduct staff interviews. Center staff was great to work with and were very accommodating. The Director was readily available to answer any questions and assist in any way.

The Auditor was able to interview a eight residents. In addition, the Auditor interviewed staff to include the Director, Site Coordinator, Investigator and Custody Staff. It should be noted staff at FCSC wear many hats when it comes to responsibility. Custody staff are also responsible for intake and PREA education as well as conduct the risk screening tool. There are no medical or mental health services available onsite.

There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On April 28, 2021, the PREA audit report was submitted to the PREA Resource Center and a copy was sent to MDOC's statewide PREA coordinator, Vevia Sturm.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Farmington Community Supervision Center (FCSC) is in Farmington, Missouri. The Community Supervision Centers target high-risk clients who need intensive programming in several areas and who are at risk of revocation. It focuses on incentives and sanctions as clients complete each of the four phases, with the referring Probation and Parole officer supervising the client while he or she is a CSC resident. Programs are targeted to each client's assessed needs. Clients must complete core programming components before they can receive passes into the community for employment or other purposes.

FCSC consists of one main building and a storage shed. The current population at FCSC is ten adult male residents.

FCSC has 47 employees who have contact with the resident population. In addition to its 47 employees, FCSC also has 34 volunteers who are currently authorized to enter the building.

FCSC is not located within a secure perimeter. The facility has the official capacity to house 40 residents.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/FCSC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment toward individuals placed in its custody.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of

sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor. A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor. A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

The Auditor was provided a copy of MDOC's organizational chart outlining the Statewide PREA Coordinator position. FCSC also provided the Auditor with a copy of their organizational chart. This chart outlined the Site Coordinator (the Assistant Director) reporting directly to the Director.

Based on the evidence provided through policy, staff and resident interviews, and the tour of the center, FCSC is found to have met the standard for zero-tolerance.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCSC does not contract with other agencies/facilities to house residents assigned to FCSC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/FCSC developed and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.

a, c) The design capacity of FCSC is 40 residents, the staffing plan for FCSC is predicated this number. The average length of stay at FCSC is 90 days.

MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the

composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted.” (page 6)

MDOC Board of Probation and Parole, Policy and Procedure Manual, Community Supervision Centers, P4-4.2, dated August 19, 2013 states, “A staffing plan which protects the clients against sexual abuse shall be developed and documented in an SOP that includes the following: the physical plans of the center, video monitoring systems, and a means of documentation and justification when the center is unable to comply with the established staffing plan.” (Page 9)

The Auditor was provided a copy of FCSC’s 2019 Staffing Plan Evaluation filed by FCSC showing compliance with this standard.

b) N/A FCSC has had no staffing plan deviations.

The Director stated, “The SOP states two minimum staff must be on at all times. We also make sure we have a female on staff for any transgender inmates that get admitted.”

FCSC has not fallen below Minimum Critical Staffing numbers. Staff information is documented through memos and chronological logs.

Based on the evidence provided through policy and staff interviews, and the tour of the facility, FCSC is found to have met the standard for supervision and monitoring.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☐ Yes ☐ No ☒ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC/FCSC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

FCSC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have also been no incidents where medical staff have conducted such searches.

The one resident interview supported this practice.

(b) N/A FCSC is a male only facility.

d) MDOC/FCSC has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

While touring FCSC the Auditor heard cross gender announcements when entering living areas where a resident was present.

The resident interviewed reported announcement were made when female staff are on duty.

While observing the shower and restroom areas in the living areas, the Auditor found the following:

- In the main dorms, the restroom and shower areas are located at the front of the dorm. The restroom area contains single stalls with swinging doors for privacy. The shower area is separated by swinging metal doors. Again, to allow for privacy.
- The Honor Dorm contains a single shower and single toilet. Shower and the toilet are in individual stalls behind a metal swinging door.

Strip searches must be approved by the Director and must be supervised by a shift supervisor.

Interviews with staff supported this practice.

e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician.

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were no transgender or intersex residents at the center. This information was confirmed through interviews with administration, random staff and resident.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

FCSC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and resident interviews, and the tour of the facility, FCSC is found to have met the standard for cross-gender viewing and searches.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/FCSC has established procedures to provide disabled residents and residents who are limited English proficient (LEP) equal opportunity to participated in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise

disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interprettek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

FCSC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at FCSC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

FCSC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

There are no residents assigned to FCSC who have been identified as visually and hearing impaired, physically disabled or have cognitive disabilities.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All FCSC staff interviewed supported this this practice.

There are no residents assigned to FCSC who are identified as LEP.

Based on the evidence provided through policy, staff and documentation review, FCSC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence." (Page 18)

c, d, e) MDOC policy D1-8.13 states, "Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations." (Page 7)

g) The Director stated, "Any inquiries about former employees are not handled at this level. This is referred to Central Office."

Based on the evidence provided through policy, staff interviews, and documentation, FCSC is found to have met the standard for hiring and promotional decisions.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) FCSC has not acquired a new facility or made a substantial expansion to the existing center since the 2017 PREA audit.

b) FCSC has not updated any video or electronic monitoring systems since the last PREA audit.

Based on the evidence provided through policy and the tour of the facility, FCSC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC is responsible for conducting administrative and criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

a, b, c) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All exams are offered at no costs to the residents.

Missouri Revised Statutes, 191.0225.1 states, "All appropriate medical provider charges for eligible forensic examinations shall be billed and paid by the department of health and senior services. No appropriate medical provider conducting forensic examinations and providing medical treatment to victims of sexual offenses shall charge the victim for the forensic examination..."

All FCSC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

In the past 12 months, there have been zero forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on residents assigned to FCSC.

All SANE's/SAFE's are conducted at the local hospital in Farmington, Missouri. There are no medical services provided onsite.

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and

general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

There were no residents onsite to be interviewed who had reported sexual abuse in the past 12 months.

f) The PREA Unit in the Offender of Professional Standards (MDOC) conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCSC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC/FCSC ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident and staff sexual misconduct).

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for

such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website.” (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, “An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol.” (Page 3)

There have no allegations of sexual abuse or sexual harassment at FCSC since the last PREA audit in 2017.

c) The PREA Unit in the Office of Professional Standards (MDOC) conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

Based on the evidence provided through policy and documentation review, FCSC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c) FCSC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

b) While FCSC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male

facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working with The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment." (Page 8)

d) MDOC policy D1-8.13 states, "All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file." (Page 8)

FCSC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed two staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for employee training.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) FCSC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors' acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

Based on the evidence provided through policy, interviews, and documentation review, FCSC is found to have met the standard for volunteer and contractor training.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) FCSC reports 97 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

All staff state every resident is given a PREA flyer when they first come into the center. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Staff also advise the PREA orientation video is then shown 24 hours later.

The resident interviewed reported receiving PREA information the first day he arrived at FCSC.

FCSC documents all inmate education. The Auditor was provided examples of signed resident acknowledgments.

e) During the tour of FCSC, the Auditor observed PREA information posted throughout the center.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCSC is found to have met the standard for resident education.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. The investigator was able to discuss various topics covered in the training they received.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for specialized investigation training.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☐ Yes ☐ No ☒ NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
☐ Yes ☐ No ☒ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☒ NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c, d) N/A FCSC does not have medical or mental health professionals onsite.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☐ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c, h) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Pages 8 and 9)

MDOC Board of Probation and Parole, P4-4.2, states, "Prison Rape Elimination Act (PREA). Upon the client's arrival, the CSC staff member, as designated in the Standard Operating Procedure (SOP), shall complete the intake process with the client, which shall include the following...The client shall be assessed utilizing the [Risk of Victimization and Abusiveness Screening Tool](#) form (Attachment C) to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the client's arrival at the CSC. Clients will be reassessed utilizing the [Risk of Victimization and Abusiveness Screening Tool](#) form (Attachment C) within 30 days from the date of initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Staff must inform clients before they begin the screening that they are not required to answer any of the questions. Clients shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form." (Pages 7 and 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at FCSC.

The resident interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

MDOC Board of Probation and Parole, P4-4.2 echoes this same language.

FCSC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. The Auditor reviewed the records of three residents and found all residents had their initial assessment and 30-day assessment completed within the required timeframe.

i) MDOC/FCSC has appropriate controls on the dissemination within the center of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only supervisors and administration staff have the security level to access the questions on the AIRA. Custody staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for screening for risk and abusiveness.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☐ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the

placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

MDOC Board of Probation and Parole, P4-4.2, states, "The screening information shall be used to guide housing, work detail, education, and program assignments with the goal of keeping separate clients at risk of being sexually victimized from clients at risk of being sexually abusive. The CAO/designee shall make individualized determinations about how to ensure the safety of each client based on the screening review." (Page 8)

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or

intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments.” (Page 9)

MDOC Board of Probation and Parole, P4-4.2, states, “Staff shall provide heightened protection to clients identified to be at risk of victimization. This shall include increased direct sight and sound monitoring, and placement in a housing area actively monitored on video by staff sufficiently proximate to intervene, unless no such option is determined by CAO/designee to be feasible. When making assignment decisions for a transgender or intersex client, the CAO/designee shall consider the following: the client’s gender self-identification, and assessment of the effects of placement on the client’s health and safety and that of other clients. Transgender and intersex clients shall be given the opportunity to shower separately from other clients.” (Page 8)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, “Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender’s arrival at the facility and after each 6-month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender’s classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender’s view of his vulnerability within the general population, historical overview of the offender’s transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender’s concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender’s classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender’s institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender’s health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender’s health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender’s own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender, or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor’s recommendation shall accompany the report.” (Page 11)

There were no transgender inmates assigned to FCSC during the onsite portion of this audit. This was confirmed through interviews with staff and administration.

h) FCSC does not have dedicated dorms to house gay, bisexual, transgender, or intersex residents.

Interviews with staff, administration confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for use of risk screening information.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c, d) MDOC/FCSC has multiple ways for residents to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

FCSC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways residents could report sexual abuse.

The resident interviewed reported they knew of multiple ways to report sexual abuse including writing a note and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

FCSC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor.

Based on the evidence provided through policy, staff and resident interviews, and documentation review, FCSC is found to have met the standard for resident reporting.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such

extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☐ Yes ☒ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/FCSC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint

alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA.” (Pages 9, 16 -17)

d) MDOC policy D5-3.2 states, “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process.” (Page 17)

FCSC has had no grievances filed alleging sexual abuse in the past 12 months.

The grievance process is also found in the FCSC Resident Handbook.

e) This same policy states, “Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.” (Pages 17 -18)

f) This same policy also states, “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal

resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy and documentation review, FCSC is found to have met the standard for exhausting administrative remedies.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented, and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-

visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

There were no residents onsite to be interviewed who had reported sexual abuse in the past 12 months.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for residents’ access to outside confidential resources.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) Methods to report sexual abuse and harassment are made available to the public via the Department’s website which you can access at <http://doc.mo.gov/OD/PREA.php>.

Based on the evidence provided through policy, staff and documentation review, FCSC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☐ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for staff and agency reporting duties.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDCO policy D1-8.13 states, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

MDOC Board of Probation and Parole, P4-4.2 states, "If a staff member has a reasonable belief that a client is subject to risk of sexual abuse, or a third party or anonymous report is received, then action shall be taken to protect the client." (Page 9)

The Director stated, "I expect my staff to keep the resident safe and notify a supervisor immediately."

All staff interviewed reported they would notify their supervisor immediately if they learned of a resident who may be in imminent danger.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for agency protection duties.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

FCSC has not received a report for sexual abuse from another confinement facility since the last PREA audit in 2017.

The Director states she or the Assistant Director (Site Coordinator) would be responsible for making the report to the other facility.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for reporting to other confinement facilities.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, “3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.” (Pages 15 -16)

FCSC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a “First Responder Card” which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCSC is found to have met the standard for staff first responder duties.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) FCSC has formalized Coordinated Response plan in place for staff, volunteers, and contractors. This plan echoes the requirements found in MDOC policy D1-8.13, and MDOC P4-4.2.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for coordinated response.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Board of Probation & Parole and Service Employees International Union (SEIU) Local 1 for Probation and Parole Assistants I/II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any

residents pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2013 and has not been renewed.

MDOC Policy D2-11.6, Labor Organizations, dated September 20, 2013 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." (Page 4)

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for the preservation of ability to protect residents from contact with abusers.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff member a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Director and Site Coordinator are responsible for monitoring retaliation at FCSC. Since the last PREA audit of 2017, FCSC has not any allegations of sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for monitoring retaliation.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators' procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator.

Since the last PREA audit of 2017, FCSC has not any allegations of sexual abuse or sexual harassment.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

The interview with the investigator reported they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for criminal and administrative investigations.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

The investigator interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☐ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

The investigator interviewed reported notification is made to all residents in the case of sexual abuse. They advise if the resident leaves the center the attempt at notification is still made.

b) N/A MDOC is responsible for conducting administrative and criminal investigations of sexual abuse and sexual harassment.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member

perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

FCSC had no residents who reported sexual abuse onsite to interview during this portion of the audit.

d) This policy also states, “Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

FCSC had no residents who reported sexual abuse onsite to interview during this portion of the audit.

e, f) MDOC D1-8.13 states, “The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department’s PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends.” (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCSC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Director stated, "We have not had that happen. However, we would restrict them from the center while there were being investigated."

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)
- b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)
- c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)
- d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)
- e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)
- f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.
- g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy and documentation review, FCSC is found to have met the standard for disciplinary sanctions for residents.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCSC does not have medical or mental health services onsite.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

b) This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

The Director stated, "Local mental health issues are referred to Mark Twain Behavioral Health or Farmington Regional Hospital. Medical issues are referred to the hospital or local medical providers. We do not provide onsite services."

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f) FCSC offers medical and mental health services and treatment to all residents who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

Medical and mental health issues are referred to the local the hospital or local providers.

b, h) FCSC offers follow up medical and mental health services as needed to all residents who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

c) This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

d, e) N/A FCSC is an all-male facility.

g) All medical and mental health services are offered at no cost to the resident or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☐ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCSC has had no allegations of sexual abuse investigation during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

Based on the evidence provided through policy and staff interviews, FCSC is found to have met the standard for sexual abuse incident reviews.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes ☐ No ☒ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a

comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) N/A Neither MDOC nor FCSC contracts for placement of inmates in their custody.

f) N/A DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2019 MDOC's PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for data collection.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2019 MDOC's PREA Annual Report.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for data review for corrective action.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2019 PREA Annual Report. This report contains information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According to the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.

b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.

h) The auditor had access to, and the ability to observe, all areas of FCSC.

i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.

m) The Auditor permitted to conduct private interviews with inmates and staff.

n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor did not receive and letters from FCSC residents.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCSC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCSC believes incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency and the actions of FCSC leadership. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual.

Interviews with staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and

documentation. They articulated the coordinated response and the expectations that staff would follow all policies.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. FCSC was found to follow all PREA standards.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Elisabeth Copeland

April 28, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Interim Audit Report: Click or tap here to enter text. ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: April 27, 2021

Auditor Information

Name: Elisabeth Copeland

Email: lisa@preauditing.com

Company Name: PREA Auditors of America, LLC

Mailing Address: P. O. Box 1071

City, State, Zip: Cypress, TX 77410

Telephone: 713-818-9098

Date of Facility Visit: July 16, 2020

Agency Information

Name of Agency: Missouri Department of Corrections

Governing Authority or Parent Agency (If Applicable): State of Missouri

Physical Address: 2729 Plaza Drive

City, State, Zip: Jefferson City, MO 65102

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency Website with PREA Information: <http://docintranet.ads.state.mo/Division/OD/PREA.htm>

Agency Chief Executive Officer

Name: Anne Precythe

Email: Anne.Precythe@doc.mo.gov

Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm

Email: Vevia.Sturm

Telephone: 573-522-3335

PREA Coordinator Reports to:

Matt Briesacher, Office of Professional Standards

Number of Compliance Managers who report to the PREA Coordinator:

0

Facility Information

Name of Facility: Fulton Community Supervision Center

Physical Address: 1397 State Route O

City, State, Zip: Fulton, MO 65251

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Website with PREA Information: <https://doc.mo.gov/programs/PREA>

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Director

Name: Shannon Kimsey

Email: shannon.kimsey@doc.mo.gov

Telephone: 573-592-6876

Facility PREA Compliance Manager

Name: Shannon Kimsey

Email: shannon.kimsey@doc.mo.gov

Telephone: 573-592-6876

Facility Health Service Administrator ☒ N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

42

Current Population of Facility:

14

Average daily population for the past 12 months:	22	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 and older	
Average length of stay or time under supervision	80 days	
Facility security levels/resident custody levels	Field Supervision	
Number of residents admitted to facility during the past 12 months	86	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	84	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	67	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	50	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	16	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	2
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	0
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	1
Number of open bay/dorm housing units:	1
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p align="center">Investigations</p>	
<p align="center">Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p align="center">10</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>
<p align="center">Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p align="center">10</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Fulton Community Supervision Center (FCSC) on February 8, 2021 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on March 25 -26, 2021.

The Auditor received a flash drive containing FCSC'S Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum, and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Director (Site Coordinator) Shannon Kimsey. After the initial meeting, a detailed tour was provided to the Auditor.

The tour began with the day room/dining area. The tour also included the kitchen, program rooms, living areas, showers and restrooms, outside recreation and the officer control post. The Auditor viewed camera placements and observed cross-gender announcements being made to residents who were onsite.

Immediately after the tour, the Director provided the Auditor with staff and resident rosters. The Auditor then randomly selected staff and residents who were available to be interviewed.

The Site Coordinator also provided the Auditor with a list of FCSC residents. FCSC had no targeted resident population assigned to the center. FCSC did provide a confidential location for the Auditor to interview residents.

FCSC also provided appropriate accommodations for the Auditor to conduct staff interviews. Center staff was great to work with and were very accommodating. The Director was readily available to answer any questions and assist in any way.

The Auditor selected 10 residents to interview. In addition, the Auditor interviewed a total of four staff include the Director and Custody Staff. It should be noted staff at FCSC wear many hats when it comes to responsibility. Custody staff are also responsible for intake and PREA education as well as conduct the risk screening tool. The Director is also responsible for monitoring for retaliation, and is a member of the debrief team. There are no medical or mental health services available onsite.

There was an exit interview conducted at the end of the site visit with the Director.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On April 27, 2021, the PREA audit report was submitted to the PREA Resource Center and a copy was sent to MDOC's statewide PREA coordinator, Vevia Sturm.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Fulton Community Supervision Center (FCSC) is in Fulton, Missouri. The Community Supervision Centers target high-risk clients who need intensive programming in several areas and who are at risk of revocation. It focuses on incentives and sanctions as clients complete each of the four phases, with the referring Probation and Parole officer supervising the client while he or she is a CSC resident. Programs are targeted to each client's assessed needs. Clients must complete core programming components before they can receive passes into the community for employment or other purposes.

FCSC consists of one main building and a storage shed. The current population at FCSC is 22 adult female residents. During the past 12 months 86 residents have been admitted to this center. The average age of the current resident populations is 18 and older.

FCSC has 50 employees who have contact with the resident population. This staff is responsible for the security of all buildings located at FCSC. In addition to its 50 employees, FCSC also has four volunteers and two contractors who are currently authorized to enter the building.

FCSC is not located within a secure perimeter. The facility has the official capacity to house 42 adult female residents.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/FCSC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment toward individuals placed in its custody.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of

individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor. A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor. A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under “Definitions” in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, “To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation.” The agency wide PREA Coordinator is in MDOC’s Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC’s organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

The Auditor was provided a copy of MDOC’s organizational chart outlining the Statewide PREA Coordinator position. FCSC also provided the Auditor with a copy of their organizational chart. This chart outlined the Site Coordinator (the Assistant Director) reporting directly to the Director.

Based on the evidence provided through policy, staff and resident interviews, and the tour of the center, FCSC is found to have exceeded the standard for zero-tolerance.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA

standards.) ☐ Yes ☐ No ☒ NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCSC does not contract with other agencies/facilities to house residents assigned to FCSC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- ☒ Yes ☐ No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/FCSC developed and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.

a, c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the

composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted.” (page 6)

MDOC Board of Probation and Parole, Policy and Procedure Manual, Community Supervision Centers, P4-4.2, dated August 19, 2013 states, “A staffing plan which protects the clients against sexual abuse shall be developed and documented in an SOP that includes the following: the physical plans of the center, video monitoring systems, and a means of documentation and justification when the center is unable to comply with the established staffing plan.” (Page 9)

b) N/A FCSC has had no staffing plan deviations.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, FCSC is found to have met the standard for supervision and monitoring.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☐ Yes ☐ No ☒ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC/FCSC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

FCSC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have also been no incidents where medical staff have conducted such searches.

All resident interviewed supported this practice.

(b) FCSC does not permit cross-gender pat-down searches of female residents, absent exigent circumstances.

All residents interviewed report they have never been pat searched by a male officer.

d) MDOC/FCSC has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

While touring FCSC the Auditor heard cross gender announcements when entering living areas where residents were present.

All residents interviewed report announcements were made when male staff are on duty.

While observing the shower and restroom areas in the living areas, the Auditor found the following:

- In the main dorms, the restroom and shower areas are located at the front of the dorm. The restroom area contains single stalls with swinging doors for privacy. The shower area is separated by swinging metal doors. Again, to allow for privacy.
- The Honor Dorm contains a single shower and single toilet. Shower and the toilet are in individual stalls behind a metal swinging door.

Strip searches must be approved by the Director and must be supervised by a shift supervisor.

Interviews with staff supported this practice.

CONCERN: During interviews with residents and staff it was learned that at the conclusion of initial shower at intake and while the female resident was standing in a towel, staff will begin to ask questions on the AIRA. While this is a gender specific post, residents expressed discomfort in answering questions about prior sexual abuse while standing in nothing but a towel. Staff confirmed this does occur.

RECOMMENDATION: It is recommended the AIRA be completed after the residents are fully clothed and can sit down at a desk with the staff. This will address the residents' discomfort and allow the AIRA to be conducted in a professional manner.

e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician.

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were no transgender or intersex residents at the center. This information was confirmed through interviews with administration, random staff and resident.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

FCSC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and resident interviews, and the tour of the facility, FCSC is found to have met the standard for cross-gender viewing and searches.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/FCSC has established procedures to provide disabled residents and residents who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interpretek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

FCSC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at FCSC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

FCSC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

There are no residents assigned to FCSC who have been identified as visually and hearing impaired, physically disabled or have cognitive disabilities.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All FCSC staff interviewed supported this this practice.

There are no residents assigned to FCSC who are identified as LEP.

Based on the evidence provided through policy, staff and documentation review, FCSC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

The MDOC Employee Handbook states, “Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee’s arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence.” (Page 18)

c, d, e) MDOC policy D1-8.13 states, “Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations.” (Page 7)

g) The Director stated, “Any inquiries about former employees are not handled at this level. This is referred to Central Office.”

Based on the evidence provided through policy, staff interviews, and documentation, FCSC is found to have met the standard for hiring and promotional decisions.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) FCSC has not acquired a new facility or made a substantial expansion to the existing center since the 2017 PREA audit.

b) FCSC has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit in 2017.

Based on the evidence provided through policy and the tour of the facility, FCSC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a)

through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC is responsible for conducting administrative and criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

a, b, c) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All exams are offered at no costs to the residents.

Missouri Revised Statutes, 191.0225.1 states, "All appropriate medical provider charges for eligible forensic examinations shall be billed and paid by the department of health and senior services. No appropriate medical provider conducting forensic examinations and providing medical treatment to victims of sexual offenses shall charge the victim for the forensic examination..."

All FCSC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

In the past 12 months, there have been zero forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on residents assigned to FCSC.

All SANE's/SAFE's are conducted at University of Missouri Hospital in Columbia, Missouri. There are no medical services provided onsite.

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented, and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility." (Pages 21 -22)

MDOC's Probation and Parole entered a Memorandum of Understanding (MOU) with Coordinated Community Response Team of Calloway County. The Coalition Against Rape and Domestic Violence (CARDV), a member of the Coordinated Community Response Team, provides crises intervention, medical advocacy, and emergency room accompaniment, as well as a 24-hour help line. This MOU was signed in 2019 and is ongoing.

There were no residents onsite to be interviewed who had reported sexual abuse in the past 12 months.

f) The PREA Unit in the Offender of Professional Standards (MDOC) conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCSC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/FCSC ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident and staff sexual misconduct).

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

There have no allegations of sexual abuse or sexual harassment at FCSC since the last PREA audit in 2017.

c) The PREA Unit in the Offender of Professional Standards (MDOC) conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

Based on the evidence provided through policy and documentation review, FCSC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c) FCSC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

b) FCSC is a female only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment." (Page 8)

d) MDOC policy D1-8.13 states, "All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file." (Page 8)

FCSC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed two staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for employee training.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) FCSC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors' acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

Based on the evidence provided through policy, interviews, and documentation review, FCSC is found to have met the standard for volunteer and contractor training.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c, d) FCSC reports 84 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

All staff state every resident is given a PREA flyer when they first come into the center. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Staff also advise the PREA orientation video is then shown 24 hours later.

The resident interviewed reported receiving PREA information the first day he arrived at FCSC.

FCSC documents all inmate education. The Auditor was provided examples of signed resident acknowledgments.

e) During the tour of FCSC, the Auditor observed PREA information was posted throughout the center.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCSC is found to have met the standard for resident education.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if

the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) The PREA Unit in the Offender of Professional Standards (MDOC) conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. The investigator was able to discuss various topics covered in the training they received.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for specialized investigation training.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☐ Yes ☐ No ☒ NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
☐ Yes ☐ No ☒ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☒ NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c, d) N/A FCSC does not have medical or mental health professionals onsite.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☐ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c, h) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Pages 8 and 9)

MDOC Board of Probation and Parole, P4-4.2, states, "Prison Rape Elimination Act (PREA). Upon the client's arrival, the CSC staff member, as designated in the Standard Operating Procedure (SOP), shall complete the intake process with the client, which shall include the following...The client shall be

assessed utilizing the Risk of Victimization and Abusiveness Screening Tool form (Attachment C) to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the client's arrival at the CSC. Clients will be reassessed utilizing the Risk of Victimization and Abusiveness Screening Tool form (Attachment C) within 30 days from the date of initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Staff must inform clients before they begin the screening that they are not required to answer any of the questions. Clients shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form." (Pages 7 and 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at FCSC.

The resident interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

MDOC Board of Probation and Parole, P4-4.2 echoes this same language.

FCSC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. The Auditor reviewed the records of three residents and found all residents had their initial assessment and 30-day assessment completed within the required timeframe.

i) MDIC/FCSC has appropriate controls on the dissemination within the center of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only supervisors and administration staff have the security level to access the questions on the AIRA. Custody staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for screening for risk and abusiveness.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☐ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines.

Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

MDOC Board of Probation and Parole, P4-4.2, states, "The screening information shall be used to guide housing, work detail, education, and program assignments with the goal of keeping separate clients at risk of being sexually victimized from clients at risk of being sexually abusive. The CAO/designee shall make individualized determinations about how to ensure the safety of each client based on the screening review." (Page 8)

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC Board of Probation and Parole, P4-4.2, states, "Staff shall provide heightened protection to clients identified to be at risk of victimization. This shall include increased direct sight and sound monitoring, and placement in a housing area actively monitored on video by staff sufficiently proximate to intervene, unless no such option is determined by CAO/designee to be feasible. When making assignment decisions for a transgender or intersex client, the CAO/designee shall consider the following: the client's gender self-identification, and assessment of the effects of placement on the client's health and safety and that of other clients. Transgender and intersex clients shall be given the opportunity to shower separately from other clients." (Page 8)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6-month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk

assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender, or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

There were no transgender inmates assigned to FCSC during the onsite portion of this audit. This was confirmed through interviews with staff and administration.

h) FCSC does not have dedicated dorms to house gay, bisexual, transgender or intersex residents.

Interviews with staff, administration and a resident confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for use of risk screening information.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the resident to remain anonymous upon request?
☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☐ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☐ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC/FCSC has multiple ways for residents to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

FCSC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways residents could report sexual abuse.

All residents interviewed reported they knew of multiple ways to report sexual abuse including writing a note and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

FCSC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor.

Based on the evidence provided through policy, staff and resident interviews, and documentation review, FCSC is found to have met the standard for resident reporting.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☐ Yes ☒ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/FCSC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

FCSC has had no grievances filed alleging sexual abuse in the past 12 months.

The grievance process is also found in the FCSC Resident Handbook.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy and documentation review, FCSC is found to have met the standard for exhausting administrative remedies.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, “Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented, and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

MDOC’s Probation and Parole entered a Memorandum of Understanding (MOU) with Coordinated Community Response Team of Calloway County. The Coalition Against Rape and Domestic Violence (CARDV), a member of the Coordinated Community Response Team, provides crises intervention, medical advocacy, and emergency room accompaniment, as well as a 24-hour help line. This MOU was signed in 2019 and is ongoing.

There were no residents onsite who had reported sexual abuse in the past 12 months.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for residents’ access to outside confidential resources.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

FCSC has posters in the lobby that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and documentation review, FCSC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☐ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC requires all staff to report immediately any knowledge, suspicion and information they receive regarding an incident of sexual abuse or sexual harassment.

a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for staff and agency reporting duties.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

When MDOC/FCSC learns that a resident is subject to a substantial risk of imminent sexual abuse, staff take immediate action to protect a resident. In the past 12 months there have been zero instances of a resident being in substantial risk of imminent sexual abuse.

a) MDCO policy D1-8.13 states, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

MDOC Board of Probation and Parole, P4-4.2 states, "If a staff member has a reasonable belief that a client is subject to risk of sexual abuse, or a third party or anonymous report is received, then action shall be taken to protect the client." (Page 9)

The Director stated, "I expect my staff to separate the resident from other residents and request to have it investigated."

All staff interviewed reported they would notify their supervisor immediately if they learned of a resident who may be in imminent danger.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for agency protection duties.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

FCSC has not received a report for sexual abuse from another confinement facility since the last PREA audit in 2017.

The Director stated she would be responsible for making the report to the other facility.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for reporting to other confinement facilities.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a first responder policy for allegations of sexual abuse.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, “3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.” (Pages 15 -16)

FCSC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with residents are issued a “First Responder Card” which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCSC is found to have met the standard for staff first responder duties.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) FCSC has formalized Coordinated Response plan in place for staff, volunteers, and contractors. This plan echoes the requirements found in MDOC policy D1-8.13, and MDOC P4-4.2.

All staff interviewed were able to explain their responsibility in the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for coordinated response.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Board of Probation & Parole and Service Employees International Union (SEIU) Local 1 for Probation and Parole Assistants I/II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any residents pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2013 and has not been renewed.

MDOC Policy D2-11.6, Labor Organizations, dated September 20, 2013 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." (Page 4)

Based on the evidence provided through policy and documentation review, FCSC is found to have met the standard for the preservation of ability to protect residents from contact with abusers.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff member a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible, retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-

retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

MDOC Board of Probation & Parole policy P4-4.5, Prison Rape Elimination Act, dated August 10, 2018 states, "Victims, reporters and witnesses of offender sexual abuse shall be monitored for retaliation in accordance with the departmental procedure regarding offender sexual abuse." (Page 9)

Since the last PREA audit of 2017, FCSC has not any allegations of sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for monitoring retaliation.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigator's procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator.

Since the last PREA audit of 2017, FCSC has not any allegations of sexual abuse or sexual harassment.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

The interview with the investigator reports they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for criminal and administrative investigations.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

The investigator interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☐ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

The investigator interviewed reported notification is made to all residents in the case of sexual abuse. They advise if the resident leaves the center the attempt at notification is still made.

b) N/A MDOC is responsible for conducting administrative and criminal investigations of sexual abuse and sexual harassment.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

FCSC had no residents who reported sexual abuse onsite to interview during this portion of the audit.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

FCSC had no residents who reported sexual abuse onsite to interview during this portion of the audit.

e, f) MDOC D1-8.13 states, "The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department's PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends." (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCSC has not had any investigations or instances where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Director stated, "We have not had that happen. However, we would restrict them from the center while there were being investigated."

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be

imposed in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

d) MDOC policy states, “Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

e) This same policy states, “An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, “The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 24)

Based on the evidence provided through policy and documentation review, FCSC is found to have met the standard for disciplinary sanctions for residents.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCSC does not have medical or mental health services onsite.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

b) This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

The Director stated, "Local mental health issues are referred to the Arthur Center. Medical issues are referred to the hospital or local medical providers. We do not provide onsite services."

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f) FCSC offers medical and mental health services and treatment to all residents who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

The Director stated, "Local mental health issues are referred to Arthur Center. Medical issues are referred to the hospital or local medical providers. We do not provide onsite services."

b, h) FCSC offers follow up medical and mental health services as needed to all residents who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

c) This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

d, e) All female victims of sexually abusive vaginal penetration while at FCSC are offered pregnancy tests. If the results are positive, they receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. This is all done according to MDOC policy and this standard.

g) All medical and mental health services are offered at no cost to the resident or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☐ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCSC has had no allegations of sexual abuse investigation during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for

offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file.” (Page 20)

Based on the evidence provided through policy and staff interviews, FCSC is found to have met the standard for sexual abuse incident reviews.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes ☐ No ☒ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) N/A Neither MDOC nor FCSC contracts for placement of inmates in their custody.

f) N/A DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2019 MDOC's PREA Annual Reports and the 2019 Survey of Sexual Victimization. In addition, the Auditor was provided copies of FCSC's 2019 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for data collection.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? ☒ Yes ☐ No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2019 MDOC's PREA Annual Reports and the 2019 Survey of Sexual Victimization. In addition, the Auditor was provided copies of FCSC's 2019 PREA Annual Report.

The PREA Site Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for data review for corrective action.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2015, 2016, 2017 and 2018 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According to the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, FCSC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of FCSC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor did not receive any letters from FCSC residents.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, FCSC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been

no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FCSC believes incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency and the actions of FCSC leadership. FCSC leadership was quick to address concerns raised by the Auditor during the onsite portion of this audit. They were very open with the Auditor and wanted the Auditor's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual.

Interviews with administration completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. FCSC was found to follow all PREA standards.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Elisabeth Copeland

April 27, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Interim Audit Report: Click or tap here to enter text. ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: May 12, 2021

Auditor Information

Name: Elisabeth Copeland

Email: lisa@preauditing.com

Company Name: PREA Auditors of America, LLC

Mailing Address: P. O. Box 1071

City, State, Zip: Cypress, TX 77410

Telephone: 713-818-9098

Date of Facility Visit: April 29, 2021

Agency Information

Name of Agency: Missouri Department of Corrections

Governing Authority or Parent Agency (If Applicable): State of Missouri

Physical Address: 2729 Plaza Drive

City, State, Zip: Jefferson City, MO 65102

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency Website with PREA Information: <http://docintranet.ads.state.mo/Division/OD/PREA.htm>

Agency Chief Executive Officer

Name: Anne Precythe

Email: Anne.Precythe@doc.mo.gov

Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm

Email: Vevia.Sturm

Telephone: 573-522-3335

PREA Coordinator Reports to:

Matt Briesacher, Office of Professional Standards

Number of Compliance Managers who report to the PREA Coordinator:

0

Facility Information

Name of Facility: St Joseph Community Supervision Center

Physical Address: 3305 Faraon

City, State, Zip: St Joseph, MO 64506

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Website with PREA Information: <https://doc.mo.gov/programs/PREA>

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Director

Name: Dale Good

Email: dale.good@doc.mo.gov

Telephone: 816-271-3131

Facility PREA Compliance Manager

Name: Scott Adams

Email: scott.adams@doc.mo.gov

Telephone: 816-271-3131

Facility Health Service Administrator ☒ N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

40

Current Population of Facility:

11

Average daily population for the past 12 months:		
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 and older	
Average length of stay or time under supervision	90 days	
Facility security levels/resident custody levels	Field Supervision	
Number of residents admitted to facility during the past 12 months		
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	66	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	11	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	4	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	<p>3, including storage shed</p>
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	<p>0</p>
<p>Number of single resident cells, rooms, or other enclosures:</p>	<p>0</p>
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	<p>1</p>
<p>Number of open bay/dorm housing units:</p>	<p>1</p>
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Are mental health services provided on-site?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p align="center">Investigations</p>	
<p align="center">Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p align="center">10</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>
<p align="center">Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p align="center">10</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to St Joseph Community Supervision Center (SJCSC) on March 23, 2021 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on April 29 – 30, 2021.

The Auditor received a flash drive containing SJCSC'S Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum, and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Director Dale Good and Site Coordinator Scott Adams. After the initial meeting, a detailed tour was provided to the Auditor.

The Director and Site Coordinator lead the onsite tour for the Auditor and the Statewide PREA Coordinator. The tour began with the day room/dining area. The tour also included the kitchen, program rooms, living areas, showers and restrooms, outside recreation and the officer control post. The Auditor viewed camera placements and observed cross-gendered announcements being made to residents who remained onsite.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters and discussed the situation at SJCSC during the pandemic. The Auditor then randomly selected staff who were available to be interviewed.

The Site Coordinator also provided the Auditor with a list of SJCSC residents. SJCSC had no targeted resident population assigned to the center. SJCSC did provide a confidential location for the Auditor to interview the residents.

SJCSC also provided appropriate accommodations for the Auditor to conduct staff interviews. Center staff was great to work with and were very accommodating. The Site Coordinator was readily available to answer any questions and assist in any way.

The Auditor was able to interview ten residents. In addition, the Auditor interviewed a total of six staff to include the Director, Site Coordinator, Investigator and Custody Staff. It should be noted staff at SJCSC wear many hats when it comes to responsibility. Custody staff are also responsible for intake and

PREA education as well as conduct the risk screening tool. The Director and Assistant Director are also responsible for human resources, monitoring for retaliation, and are members of the debrief team. There are no medical or mental health services available onsite.

There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On May 12, 2021, the PREA audit report was submitted to the PREA Resource Center and a copy was sent to MDOC's statewide PREA coordinator, Vevia Sturm.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The St Joseph Community Supervision Center (SJCSC) is in St Joseph, Missouri. The Community Supervision Centers target high-risk clients who need intensive programming in several areas and who are at risk of revocation. It focuses on incentives and sanctions as clients complete each of the four phases, with the referring Probation and Parole officer supervising the client while he or she is a CSC resident. Programs are targeted to each client's assessed needs. Clients must complete core programming components before they can receive passes into the community for employment or other purposes.

SJCSC consists of one main building and two storage sheds. The current population at SJCSC is 11 adult male residents.

SJCSC has 65 employees who have contact with the resident population. In addition to its 65 employees, SJCSC also has four contractors who are currently authorized to enter the building.

SJCSC is not located within a secure perimeter. The facility has the official capacity to house 40 residents.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded: 115.211 and 115.264

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/SJCSC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment toward individuals placed in its custody.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of

individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor. A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under “Definitions” in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, “To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation.” The agency wide PREA Coordinator is in MDOC’s Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC’s organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

The Auditor was provided a copy of MDOC’s organizational chart outlining the Statewide PREA Coordinator position. SJCS also provided the Auditor with a copy of their organizational chart. This chart outlined the Site Coordinator (the Assistant Director) reporting directly to the Director.

All residents interviewed report staff take zero-tolerance seriously. They state PREA information is everywhere and staff is “always on top” of what needs to be done. They all shared they felt safe at this facility.

Based on the evidence provided through policy, staff and resident interviews, and the tour of the center, SJCS is found to have exceeded the standard for zero-tolerance.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SJCSC does not contract with other agencies/facilities to house residents assigned to SJCSC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/SJCSC developed and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.

a, c) The staffing plan for SJCSC is predicated on the design capacity of 40.

MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

MDOC Board of Probation and Parole, Policy and Procedure Manual, Community Supervision Centers, P4-4.2, dated August 19, 2013 states, "A staffing plan which protects the clients against sexual abuse shall be developed and documented in an SOP that includes the following: the physical plans of the center, video monitoring systems, and a means of documentation and justification when the center is unable to comply with the established staffing plan." (Page 9)

The Auditor was provided a copy of SJCSC's 2020 Staffing Plan Evaluation filed by SJCSC showing compliance with this standard.

b) N/A SJCSC has had no staffing plan deviations.

The Director states the staffing plan is monitored by chronological sheets are filled out by every shift.

The St Joseph CSC has not fallen below Minimum Critical Staffing numbers.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, SJCSC is found to have met the standard for supervision and monitoring.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☐ Yes ☐ No ☒ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC/SJCSC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

SJCSC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2018. There have also been no incidents where medical staff have conducted such searches.

The one resident interview supported this practice.

(b) N/A SJCSC is a male only facility.

d) MDOC/SJCSC has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

While touring SJCSC the Auditor heard cross gender announcements when entering living areas where a resident was present.

The resident interviewed reported announcement were made when female staff are on duty.

While observing the shower and restroom areas in the living areas, the Auditor found the following:

- In the main dorms, the restroom and shower areas are located at the front of the dorm. The restroom area contains single stalls with swinging doors for privacy. The shower area is separated by swinging metal doors. Again, to allow for privacy.
- The Honor Dorm contains a single shower and single toilet. Shower and the toilet are in individual stalls behind a metal swinging door.

Strip searches must be approved by the Assistant Director (Site Coordinator) and must be supervised by a shift supervisor.

Interviews with staff supported this practice.

e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician.

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were no transgender or intersex residents at the center. This information was confirmed through interviews with administration, random staff and resident.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

SJCSC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and resident interviews, and the tour of the facility, SJCSC is found to have met the standard for cross-gender viewing and searches.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/SJCSC has established procedures to provide disabled residents and residents who are limited English proficient (LEP) equal opportunity to participated in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interprettek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

SJCSC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at SJCSC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the

information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment.” (Pages 10- 11).

SJCSC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

There are no residents assigned to SJCSC who have been identified as visually and hearing impaired, physically disabled or have cognitive disabilities.

c) MDOC policy D1-8.13 states, “Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first responder duties, or the investigation.” (Page 15)

All SJCSC staff interviewed supported this this practice.

There are no residents assigned to SJCSC who are identified as LEP.

Based on the evidence provided through policy, staff and documentation review, SJCSC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community

confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence." (Page 18)

c, d, e) MDOC policy D1-8.13 states, "Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations." (Page 7)

g) The Director stated, "Any inquiries about former employees are not handled at this level. This is referred to Central Office."

Based on the evidence provided through policy, staff interviews, and documentation, SJCSC is found to have met the standard for hiring and promotional decisions.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) SJCSO has not acquired a new facility or made a substantial expansion to the existing center since the 2018 PREA audit.

b) SJCSO has not updated any electronic surveillance or cameras since the 2018 PREA audit.

Based on the evidence provided through policy and the tour of the facility, SJCSO is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC is responsible for conducting administrative and criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

a, b, c) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All exams are offered at no costs to the residents.

Missouri Revised Statutes, 191.0225.1 states, "All appropriate medical provider charges for eligible forensic examinations shall be billed and paid by the department of health and senior services. No appropriate medical provider conducting forensic examinations and providing medical treatment to victims of sexual offenses shall charge the victim for the forensic examination..."

All SJCSC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

In the past 12 months, there have been zero forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on residents assigned to SJCSC.

All SANE's/SAFE's are conducted at the St Joseph Regional Hospital in St Joseph, Missouri. There are no medical services provided onsite.

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility." (Pages 21 -22)

MDOC entered a Memorandum of Understanding (MOU) with Young Women's Christian Association (YWCA) to provide victim advocates from a community-based crises center for victims of sexual abuse at SJCSC. This MOU was signed in 2013 and is ongoing until either party terminates the agreement.

There were no residents onsite to be interviewed who had reported sexual abuse in the past 12 months.

f) The PREA Unit in the Offender of Professional Standards (MDOC) conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SJCSC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/SJCSC ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident and staff sexual misconduct).

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

There have no allegations of sexual abuse or sexual harassment at SJCSC since the last PREA audit in 2018.

c) The PREA Unit in the Offender of Professional Standards (MDOC) conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

Based on the evidence provided through policy and documentation review, SJCSC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c) SJCSC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

b) While SJCS is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment." (Page 8)

d) MDOC policy D1-8.13 states, "All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file." (Page 8)

SJCSC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed two staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCS is found to have met the standard for employee training.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) SJCSO has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors' acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

Based on the evidence provided through policy, interviews, and documentation review, SJCSO is found to have met the standard for volunteer and contractor training.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c, d) SJCSO reports all residents admitted to the center have received PREA education in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

All staff state every resident is given a PREA flyer when they first come into the center. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Staff also advise the PREA orientation video is then shown 24 hours later.

The resident interviewed reported receiving PREA information the first day he arrived at SJCSO.

SJCSO documents all inmate education. The Auditor was provided examples of signed resident acknowledgments.

e) During the tour of SJCSO, the Auditor observed PREA information posted throughout the center.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SJCSO is found to have met the standard for resident education.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. The investigator was able to discuss various topics covered in the training they received.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for specialized investigation training.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☐ Yes ☐ No ☒ NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
☐ Yes ☐ No ☒ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☒ NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c, d) N/A SJCS does not have medical or mental health professionals onsite.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on

the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☐ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c, h) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Pages 8 and 9)

MDOC Board of Probation and Parole, P4-4.2, states, "Prison Rape Elimination Act (PREA). Upon the client's arrival, the CSC staff member, as designated in the Standard Operating Procedure (SOP), shall complete the intake process with the client, which shall include the following...The client shall be assessed utilizing the [Risk of Victimization and Abusiveness Screening Tool](#) form (Attachment C) to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the client's arrival at the CSC. Clients will be reassessed utilizing the [Risk of Victimization and Abusiveness Screening Tool](#) form (Attachment C) within 30 days from the date of initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Staff must inform clients before they begin the screening that they are not required to answer any of the questions. Clients shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form." (Pages 7 and 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at SJCSC.

The resident interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

MDOC Board of Probation and Parole, P4-4.2 echoes this same language.

SJCSC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. The Auditor reviewed the records of three residents and found all residents had their initial assessment and 30-day assessment completed within the required timeframe.

i) MDIC/SJCSC has appropriate controls on the dissemination within the center of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only supervisors and administration staff have the security level to access the questions on the AIRA. Custody staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for screening for risk and abusiveness.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☐ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

MDOC Board of Probation and Parole, P4-4.2, states, "The screening information shall be used to guide housing, work detail, education, and program assignments with the goal of keeping separate clients at risk of being sexually victimized from clients at risk of being sexually abusive. The CAO/designee shall make individualized determinations about how to ensure the safety of each client based on the screening review." (Page 8)

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC Board of Probation and Parole, P4-4.2, states, "Staff shall provide heightened protection to clients identified to be at risk of victimization. This shall include increased direct sight and sound monitoring, and placement in a housing area actively monitored on video by staff sufficiently proximate to intervene, unless no such option is determined by CAO/designee to be feasible. When making assignment decisions for a transgender or intersex client, the CAO/designee shall consider the following: the client's gender self-identification, and assessment of the effects of placement on the client's health and safety and that of other clients. Transgender and intersex clients shall be given the opportunity to shower separately from other clients." (Page 8)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6-month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

There were no transgender inmates assigned to SJCSJ during the onsite portion of this audit. This was confirmed through interviews with staff and administration.

h) SJCSJ does not have dedicated dorms to house gay, bisexual, transgender or intersex residents.

Interviews with staff, administration and a resident confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSJ is found to have met the standard for use of risk screening information.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☐ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☐ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c, d) MDOC/SJCSC has multiple ways for residents to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

SJCSC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways residents could report sexual abuse.

The resident interviewed reported they knew of multiple ways to report sexual abuse including writing a note and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

SJCSC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor.

Based on the evidence provided through policy, staff and resident interviews, and documentation review, SJCSC is found to have met the standard for resident reporting.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☐ Yes ☒ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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a) MDOC/SJCSC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

SJCSC has had no grievances filed alleging sexual abuse in the past 12 months.

The grievance process is also found in the SJCSC Resident Handbook.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the

alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy and documentation review, SJCSC is found to have met the standard for exhausting administrative remedies.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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a, b, c) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim

advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

MDOC entered a Memorandum of Understanding (MOU) with Young Women’s Christian Association (YWCA) to provide victim advocates from a community-based crises center for victims of sexual abuse at SJCSC. This MOU was signed in 2013 and is ongoing until either party terminates the agreement.

There were no residents onsite to be interviewed who had reported sexual abuse in the past 12 months.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for residents’ access to outside confidential resources.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

SJCSC has posters in the lobby that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and documentation review, SJCSC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☐ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary,

as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for staff and agency reporting duties.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDCO policy D1-8.13 states, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

MDOC Board of Probation and Parole, P4-4.2 states, "If a staff member has a reasonable belief that a client is subject to risk of sexual abuse, or a third party or anonymous report is received, then action shall be taken to protect the client." (Page 9)

The Director stated, "I expect my staff to keep the resident safe and notify a supervisor immediately."

All staff interviewed reported they would notify their supervisor immediately if they learned of a resident who may be in imminent danger.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for agency protection duties.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

SJCSC has not received a report for sexual abuse from another confinement facility since the last PREA audit in 2018.

The Director states he is responsible for making the report to the other facility.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for reporting to other confinement facilities.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

SJCSC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder. All report they would immediately report information to their supervisor. They also report safety of the residents is important.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SJCSC is found to have exceeded the standard for staff first responder duties.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) SJCSC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13, and MDOC P4-4.2.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for coordinated response.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) The Department of Corrections Board of Probation & Parole and Service Employees International Union (SEIU) Local 1 for Probation and Parole Assistants I/II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any residents pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2013 and has not been renewed.

MDOC Policy D2-11.6, Labor Organizations, dated September 20, 2013 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." (Page 4)

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for the preservation of ability to protect residents from contact with abusers.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender

sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.” (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, “Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible, retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual.” (Page 14)

This same policy also states, “The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Site Coordinator is responsible for monitoring retaliation at SJCSC. Since the last PREA audit of 2018, SJCSC has not any allegations of sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for monitoring retaliation.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator who was able to discuss the training they received.

Since the last PREA audit of 2018, SJCS has not any allegations of sexual abuse or sexual harassment.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

The investigator reports they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. They also added they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for criminal and administrative investigations.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

The investigator interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☐ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

The investigator interviewed reported notification is made to all residents in the case of sexual abuse. They advise if the resident leaves the center the attempt at notification is still made.

b) N/A MDOC is responsible for conducting administrative and criminal investigations of sexual abuse and sexual harassment.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to

sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

SJCSC had no residents who reported sexual abuse onsite to interview during this portion of the audit.

d) This policy also states, “Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution.” (Page 21)

SJCSC had no residents who reported sexual abuse onsite to interview during this portion of the audit.

e, f) MDOC D1-8.13 states, “The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter but shall have the right to decline the letter. The original notification shall be forwarded to the department’s PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends.” (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SJCSC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Director contractors would be restricted from the center while there were being investigated.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)
- b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)
- c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)
- d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)
- e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)
- f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.
- g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy and documentation review, SJCS is found to have met the standard for disciplinary sanctions for residents.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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SJCSC does not have medical or mental health services onsite.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

b) This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

The Director stated, "Local mental health issues are referred to Mark Twain Behavioral Health or St Joseph Regional Hospital. Medical issues are referred to the hospital or local medical providers. We do not provide onsite services."

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f) SJCSO offers medical and mental health services and treatment to all residents who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

SJCSO reports medical and mental health issues are referred to a local provider in St. Joseph.

b, h) SJCSO offers follow up medical and mental health services as needed to all residents who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

c) This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

d, e) N/A SJCSO is an all-male facility.

g) All medical and mental health services are offered at no cost to the resident or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSO is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☐ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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SJCSC has had no allegations of sexual abuse investigation during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

Based on the evidence provided through policy and staff interviews, SJCSC is found to have met the standard for sexual abuse incident reviews.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes ☐ No ☒ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective

actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) N/A Neither MDOC nor SJCS contracts for placement of inmates in their custody.

f) N/A DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2019 MDOC's PREA Annual Reports and the 2017 Survey of Sexual Victimization. In addition, the Auditor was provided copies of SJCS's 2019 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCS is found to have met the standard for data collection.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2020 MDOC's PREA Annual Reports and SJCS's 2019 PREA Annual Report.

The PREA Site Coordinator reports, “Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department’s data collection system for all investigations conducted within the Department.”

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for data review for corrective action.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2020 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, SJCSC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.

- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of SJCSC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor did not receive and letters from SJCSC residents.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, SJCSC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SJCSC believes incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency and the actions of SJCSC leadership. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual. It is clear there is a zero –tolerance culture at SJCSC.

Interviews with staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. SJCSC was found to follow all PREA standards and exceeded two of them.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Elisabeth Copeland

May 12, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.